Ontario

OCFSA

Office of Child and Family Service Advocacy

We are your Sons and Daughters

The Child Advocate's Report on the Quality of Care of 3 Children's Aid Societies

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Executive Summary

Provincially appointed Child and Youth Advocates across Canada have been deeply concerned about the state of child welfare throughout the country. The provision of child welfare services in Ontario differs from other provinces substantively, but the concerns about the best interests and wellbeing of children in state care resonate throughout Canada. This review in Ontario is timely and will hopefully provoke discussion both provincially and nationally on behalf of these young people.

This report summarizes the findings of a systemic review of the quality of care provided to children and youth who received residential services while in the care of three provincially mandated Children's Aid Societies in Ontario. The three identified agencies are the Children's Aid Societies of Thunder Bay, Toronto, and Peel Region. The decision to conduct this review was precipitated by the findings presented in the Annual Report of the Office of the Auditor General of Ontario (2006). In light of the attention drawn to these particular Children's Aid Societies, it was of paramount importance to afford children and youth in the care of these societies, the direct opportunity to comment upon and make known their thoughts.

Important conclusions can be drawn from the review of the quality of care offered to young people in the care of three child welfare agencies in Ontario. Two hundred and seventy-eight (278) young people spoke about their "lived experience" to Advocacy Officers who met with them at the residential settings in which they lived. The responses of the young people echoed current research and the experience and observations of the OCFSA.

Children coming into care present with an increasing complexity of needs. They often have neuro-developmental disorders, medical complexity, and cognitive impairments. It has been acknowledged that deprivation and chaotic family lifestyles contribute to a host of neuro-psychiatric problems that culminate in more extreme behaviours on the part of the child. For these reasons, it is not surprising that it is repeatedly reported that young people in care have higher rates of mental health concerns than community children. If early, decisive intervention that addresses the roots of behavioural difficulties does not occur, this complexity of needs will generate a series of multiple placements and perpetuate the stigmatization and alienation of the child as a "troubled kid from care".

The social construction of the child in care reflects a historical perspective of a vulnerable, powerless child who has no status other than that which has been ascribed to him or her by the care system, and who is in need of adult protection. It is troubling to hear young people describe themselves as "citizens of care". The UN Convention on the Rights of the Child challenges this perspective. Rights offer children capacity, will,

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power and status. Furthermore young people are beginning to embrace their right to be heard about their experiences in care and about decisions that are being made about them. This report reverberates the words of young people as they articulate their needs, interests, concerns, fears, hopes and desires.

Society has a special responsibility to these young people because the state is their parent. Society has undertaken to abide by a legally binding covenant *(CFSA)* with regard to the "parental rights and responsibilities" for children and youth in child welfare care. Of equivalent importance is society's moral obligation. Young people in care were exposed by adults to histories of trauma, chaos and abuse that mark their development. Society has a responsibility to ameliorate that developmental trajectory through support, healing opportunities and safe, nurturing homes. As a society, we have a responsibility to act like prudent parents for our sons and daughters in state care.

The most compelling conclusion in this review is the importance of "family-like" environments in creating positive outcomes for young people in care. The desire for home like environments was evident in the words of both the young people and the foster parents alike. The OCFSA was moved by the many stories recounted by young people of how they felt they were loved by their caregivers, how their wishes were respected, how they were given a variety of opportunities to grow and develop to their full potential, and how they felt a sense of attachment and belonging. How they felt like "sons and daughters". Family-like environments were achieved in both foster and group care but more frequently described in foster care. Foster parents need to be commended for their dedication and their unconditional support of these young people and for embracing them as they would their own.

Every care provider has the capacity to create a "family-like" environment. A wealth of knowledge and experience exists throughout the province and care models emulating these qualities are available for replication. Leadership and policy direction is required on the part of government to advance this preferred model of care. This entails the provision of residential settings that replicate "homes" in structure, milieu and culture with parent therapists, extended families, community supports and numbers of children and youth in the care of these settings that do not exceed four. To elevate the status of "family-like" models of care, consideration needs to be given to the additional resources and supports delineated by the Foster Parent Association. These are in keeping with the requests of any prudent parent. A campaign, founded on the same values and principles that we apply to the development and wellbeing of our own sons and daughters, needs to be directed to recruit and retain foster parents.

Outside paid resources were more frequently described by young people and witnessed by Advocacy Officers as institutional in their philosophy and practice than regular or treatment foster care. Group care was the model of care that was most frequently described as exemplifying an institutional environment. Group care was in many situations likened to custody with a lack of meaningful activity, intolerant or disrespectful staff-youth relationships, rigidity of rules, and the over use of intrusive measures such

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as physical restraints, locked rooms, the removal of possessions, possession and body searches. The language of the institutional culture and the staff modeled approaches to problem solving and conflict resolution conditioned young people to behave in ways that replicated the culture. The frequency of peer violence and bullying was more prevalent and not surprisingly, youth ran away from this type of care more frequently. The overuse of the police as a behaviour management strategy further represented elements of custody to young people.

Typically staff in group care are young, poorly paid with limited training and insufficient supervision. They often lack the professional qualifications, experience and the judgement required to assume the task of managing the range of behaviours and circumstances in group care. They frequently do not have the skills to know and understand the young people in their charge. They will resort to intrusive strategies to exert control over the environment if they lack confidence in their ability to manage behaviours.

Adolescents represent the largest proportion of children and youth in state care. The findings of this review reveal that adolescents are more likely to be placed in outside paid resources and group care. The review has underscored the youth respondent's desire to live in a family-like environment into their adolescence. Research evidence supports this contention. The placing of adolescents in institutional environments is unacceptable given the current evidence about the unique developmental needs of adolescents.

Institutional models of group care appear to attract young people with a greater complexity of needs. It is the model however, with a more limited clinical capacity and fewer evidence based outcomes. Treatment foster care is being recommended as the model of care for the range of age groups and the continuum of needs of young people in child welfare care. It addresses the preference voiced by young persons to live in a family-like environment; normalizes out of home care and in so doing reduces the stigma attached to group care options; provides therapeutic supports for youth with histories of trauma and attachment disruptions; provides the requisite supports to foster parents and is cost effective.

Youth often leave the child welfare system not yet ready and indeed fearful of living their lives independently. Outcomes for youth leaving care in the Canadian child welfare system are dismal and disturbing. Youth who have left care are less likely to finish high school or high school equivalency, and more likely to: self-harm, consider suicide, experience depression, parent at a younger age, receive social assistance, experience homelessness, be gang-involved, experience sexual exploitation, have mental health problems, struggle with substance abuse, experience unemployment or underemployment, and be incarcerated or have some involvement with the criminal justice system. Youth leaving care lack the knowledge and know-how of practical everyday life skills such as grocery shopping, meal planning, budgeting, searching for and finding safe housing, decision-making and self advocacy. It is patently clear that

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we as a society are not affording youth who are involved with child welfare agencies the same support and possibilities that are commonly available to their peers as they transition to adulthood.

Currently, there is no comprehensive policy in place regarding Crown Wards aging out of care, and the utter lack of funding earmarked for this purpose suggests that this is not a priority for the government. The predictable long-term consequences for tax payers are increased spending in areas such as welfare, criminal justice, health and mental health. There are pockets of exceptional practice throughout the province that demonstrate particular Societies deep concern for these youth and their desire to ameliorate these circumstances. However, it is up to the discretion of a particular agency, the management of the agency, and the youth's worker as to whether a youth receives these services. This creates inequity in the provision of service that is desperately required by all young people leaving care.

It is long-term and dependable relations that are related to positive outcomes. Youth could have long-term and meaningful relationships with foster parents and CAS workers, and yet it appears this is currently discouraged in the child welfare system. Youth have a more positive transition out of care if they have a stronger support system through connection with their family, school and community. Social inclusion is critical to a sense of belonging and identity. Creating the possibility for secure, dependable, and sustainable relationships is clearly in the best interest of all children and contributes to successful transitions to adulthood. Immediate remedies need to be offered to young people preparing for independence that are sustainable and offer the best possible trajectory to adulthood, equivalent to community youth.

Young people largely held their worker responsible for their care and well being and viewed them as their primary source of support. Youth in all care settings depend on their relationship with their worker. Workers are very influential in the lives of youth in care and youth ascribed a very powerful role to them. They were viewed as influential in moulding their relationships with significant others such as foster parents, care providers, family, teachers and others. They were viewed as determining their placement options. The findings of this review emphasized the need for workers to be more vigilant with children and youth placed in outside paid care such as foster homes or group care, particularly those at a distance from family and agency supports. These are indeed the young people that are the most vulnerable and need sustained connectedness to their social workers. Workers need to know and understand the children and youth in their care who depend on them to ensure that they are not exposed to inappropriate circumstances or harsh treatment. Workers should not rely on young people to disclose these circumstances. It is their responsibility to routinely ask the right questions, at the right time, in a safe place.

As indicated throughout this report, standards to ensure the quality of care in residential services throughout Ontario do not exist. There is an inconsistency in mechanisms and processes for holding service providers accountable for the residential care provided in

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this province. There is no clear reporting practice to the designated ministry. Furthermore, the quality of service provision is affected by the lack of staff training and under paid front line staff. The licensing requirements do not focus on quality of care criteria. Jurisdictional wrangling between child welfare agencies, service providers and the provincial government about who is ultimately responsible for the quality of residential care places the children and youth in those environments at risk of poor, neglectful or abusive treatment. Accountability infers responsibility and the responsibility is to the child. The introduction of a regulatory body to develop and enforce standards of care for residential settings is required immediately.

Finally, it is hoped that this review in Ontario will provoke a broader response and encourage a substantive look at the quality of care for young people in state care, nationally. After all, regardless of geography or jurisdiction, these are our sons and daughters.

RECOMMENDATIONS

1. That there be a public inquiry into the standards and quality of care afforded children in state care across Canada. The purpose of this inquiry is to solicit documented evidence of good practice that leads to good outcomes for children in or from care that are consistent with Canada's obligation to the UN Convention on the Rights of the Child; to ensure uniformity in the standards and regulations of child welfare practices nationally; and to reduce inappropriate or harsh treatment, abusive practices and deaths of children in government care.

2. That the government, civil society and care providers recognize and fulfill their special responsibility as prudent parents to children in state care and embrace these children as their sons and daughters.

3. That the government of Ontario interrupt the jurisdictional wrangling among child welfare agencies, residential service providers, and government officials with regards to the locus of responsibility for the care and wellbeing of children in residential care.

4. That the government of Ontario establish a regulatory body to develop and enforce standards of care for all residential settings that serve children and youth, with special attention to quality assurance.

5. That the government of Ontario and residential service providers adopt and promote 'family-like' environments as the preferred model of care. This requires residential settings that replicate "homes" in structure, milieu and culture with parent therapists, extended families, community supports and

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numbers of children and youth in the care of these settings that does not exceed four.

6. That the government of Ontario consider the additional resources and supports delineated by the Foster Parent Association of Ontario that are required to recruit and retain foster parents.

7. That in order to address the complexity of needs of many young people in child welfare care and to maintain a family-like environment, the government of Ontario in partnership with child welfare agencies, establish Treatment Foster Care as the preferred model of practice across all age groups.

8. That the government of Ontario and child welfare agencies interrupt the trajectory into institutional environments of adolescents and offer residential programs and services that are consistent with the current knowledge and understanding of the unique developmental needs of adolescence.

9. That the government of Ontario in partnership with the Ontario Association of Children's Aid Societies mount a provincial campaign to recruit foster parents as "parent therapists" who have unique opportunities to influence the development and well being of children.

10. That the government of Ontario and child welfare agencies create the capacity for lasting nurturing foster placements that promote healthy relationships that are critical to positive outcomes in the lives of young people.

11. That child welfare agencies ensure that social workers are more vigilant and provide a higher frequency of contact with children and youth placed in outside paid resources such as foster or group care, particularly those at a distance from family or agency supports.

12. That child welfare agencies ensure that social workers closely monitor the use of all behaviour management strategies in residential settings which includes physical restraints, locked rooms, the removal of possessions, and personal and room searches.

13. That child welfare agencies ensure that social workers intervene actively in circumstances of inappropriate or harsh treatment on behalf of young people to ensure their safety and to alleviate the young person's distress or fears.

14. That the qualifications, training, supervision and payment of staff in outside paid group care be reviewed with the goal of achieving parity with equivalent front line care providers. This will enhance the recruitment and retention of qualified and skilled care providers to manage children with challenging needs.

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15. That licensing authorities and child welfare agencies assess the level of institutional ideology and culture in a residential setting prior to the placement of any young person. This includes: the availability of meaningful programming, respectful staff/youth relationships, and the use of natural consequences, rigidity of rules, the use of intrusive measures, the level and the frequency of peer aggression, and the inappropriate use of police services.

16. That the government of Ontario, child welfare agencies, and residential service providers develop policy and practice guidelines which limit the use of police services for the purposes of behaviour management.

17. That caregivers and staff be appropriately trained and supervised to determine the risk factors for youth who run away; educate youth about alternatives to running away; provide strategies for empowering youth and offer de-escalation techniques to ensure safety.

18. That opportunities be offered by staff, caregivers and workers, for youth to discuss their running experiences in order to enhance understanding and prevention. This needs to occur in a non-punitive manner that includes debriefing with the youth or an appropriate form of counselling upon youth's return. Staff should be trained to encourage therapeutic relationships, active listening, conflict resolution skills, safe behaviour management practices, and youth engagement.

19. That child welfare agencies acknowledge the powerful role ascribed to social workers by children/youth in care and in doing so, ensure that workers take all the necessary steps to know and understand them. This requires routinely asking the right questions, at the right time in a safe place.

20. That the Ministry of Children and Youth Services together with other Ministries develop a long term, comprehensive strategy to ensure that youth leaving care do so with the practical **resources**, the **connections**, and the **voice** that they require to create their own destiny. This will require individual transition plans that attend to the young person's unique needs, level of maturity, and capacity to live independently.

21. That the government of Ontario set standards for the life prospects of the youth who transition from care. This includes completion of their secondary school education, safe affordable housing, and the establishment of one positive relationship in their life and financial support that is well above the poverty line and that these standards become a regulatory requirement. The government of Ontario and child welfare agencies should be required to evaluate compliance to these standards annually.

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22. That planning for independence begins the moment the child enters care, with a goal of encouraging self sufficiency. Every intervention, whether in a placement or by a case manager, should build hard skills (life skills) and soft skills (relationship building).

23. That a Centre For Excellence For Youth In Care be established by the Ministry of Children and Youth Services as an incubator for new and unique models of service and a vehicle through which best practices from across the province, can be shared and replicated.

24. Local child welfare agencies must support and encourage long-term and positive relationships with foster parents and CAS workers once a youth is living on their own or has left care. Availability of the relationship is as important as frequency of contact. Local child welfare agencies must create policies, practices and procedures that honour and support these positive relationships which will contribute to youth having a successful transition into adulthood.

25. That the government of Ontario and children's aid societies offer young people routine opportunities to voice their opinions as experts of their 'lived experience' in care.

26. That the government of Ontario and children's aid societies translate the voice and experience of young people into meaningful action that resonates across all levels of decision making, policy and practice.

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INTRODUCTION

The Office of Child and Family Service Advocacy (OCFSA) is authorized under the *Child and Family Services Act (CFSA)* to protect the rights and interests of Ontario's children and their families seeking or receiving services directly operated or funded by the government. The OCFSA seeks to ensure children and youth in care and custody know and understand their rights and that those laws that protect them from abuse or harsh treatment are enforced. As advocates for young people it is the obligation of the OCFSA to ensure that all children and youth, but particularly those in the care of the state, have the opportunity to comment and give feedback regarding the care they receive. The direct opportunity for young people to have input into matters regarding their care is provided by the OCFSA in a variety of ways. For example, children and youth across the province have access to a toll-free telephone line through which they can contact an Advocacy Officer who will advocate on their behalf. Another opportunity for children and youth to provide direct feedback related to the quality of the care they receive is also afforded through the many systemic reviews the OCFSA undertakes each year.

Rationale

Provincially appointed Child and Youth Advocates across Canada have been deeply concerned about the state of child welfare throughout the country. The provision of child welfare services in Ontario differs from other provinces substantively, but the concerns about the best interests and wellbeing of children in state care resonate throughout Canada. This review in Ontario is timely and will hopefully provoke discussion both provincially and nationally on behalf of these young people.

This report summarizes the findings of a systemic review of the quality of care provided to children and youth who received residential services while in the care of three provincially mandated Children's Aid Societies in Ontario. The three identified agencies are the Children's Aid Societies of Thunder Bay, Toronto, and Peel Region. The decision to conduct this review was precipitated by the findings presented in the Annual Report of the Office of the Auditor General of Ontario (2006). In light of the attention drawn to these particular Children's Aid Societies, it was of paramount importance to afford children and youth in the care of these societies, the direct opportunity to comment upon and make known their thoughts.

Historical and Current Trends in Child Welfare Legislation and Policy in Ontario

The establishment of the *Child and Family Services Act* in 1984, replacing the *Act for the Prevention of Cruelty to and the Better Protection of Children* (1893), initiated significant changes to the way policy and procedures were conducted within child welfare services. The most influential change occurred when an attempt to balance state intervention with the rights of the child was introduced into policy decisions (King,

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Lescheid, Whitehead, Chiodo, & Hurley, 2003). Accordingly, child welfare intervention reflected:

- A commitment to intervene with a minimal infringement of individual rights;
- Increased support and services to families;
- Less apprehension of children into child welfare custody;
- Less time that children are in 'limbo';
- Increased funding for intervention (Ontario *Child and Family Services Act*, 1984).

By the early 1990s, significant increases in the rates of abuse and child neglect cases being investigated by the Children's Aid Societies suggested a system that had failed to meet the complex and diverse needs of vulnerable children and families in Ontario. This eventually led to systemic inquests as well as other recommendations for changes to child welfare policy. Concomitantly, the Child Mortality Task Force was created to address such issues and make recommendations. This initiative was followed in 1998 by three specific reviews to identify the effectiveness of the *Child and Family Services Act* and the operation of the Children's Aid Societies. The result of these reviews revealed several areas of necessary improvements and changes in terms of the Child Welfare Agencies' compliance with ministry standards, accountability, responsibility, funding, workload standards, risk assessment tools and defining neglect as a reason for child protection (King et al. 2003). The *Child and Family Services Amendment Act* was introduced in 1999 and this legislation reshaped the *CFSA*, resulting in dramatic changes to the operation of the Children's Aid Societies. The major predictors of risk to vulnerable children and the antecedent factors which account for increased rates of child admissions to care were emphasized (Anglin, 2002; Trocme, MacLaurin & Fallon, 2000; Rossi, Freem & Lipsey, 1999).

As a result of this Act, there was a dramatic increase in the number of children apprehended, for whom the Government of Ontario was then responsible. Leslie & Hare (2000) reported that 14,219 children were accessing the services of Children's Aid Societies in Ontario in 2000. By 2005, this number had increased to 19,105 (Tweddle, 2005). Concerns were raised about the costs that the government would thus incur and their ability to respond adequately to the needs of the apprehended children. Concerns were also raised about conflicting interests of the child and whether it is truly in children's best interest to remove them from their families and communities. In response to these concerns, there were further child welfare reform initiatives from 2001 to 2005. The emphasis shifted from intrusive state intervention practices, often resulting in child apprehension, to ensuring that children and families had access to a variety of services that would be responsive and assistive in meeting their complex needs. These changes signalled both a stronger commitment and greater emphasis on the value and significance of keeping families together. Throughout 2002 and 2003, consistent evaluations conducted of programs and services resulted in amendments to best practice policies within child welfare. By 2004, the Child Welfare Secretariat was established to implement the findings and recommendations of the Child Welfare Program Evaluations. In 2005, the introduction of the Child Welfare Transformation

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Strategy led to further changes to child welfare policy and practice. Fundamental to this strategy is greater accountability on the part of Children's Aid Societies and the importance of early intervention in the lives of children and families thus diminishing the need for intrusive and costly measures in the future (Child Welfare Transformation, 2005; Child Welfare Secretariat, 2005). The plan reflects a stronger commitment to creating and maintaining appropriate services that will address the complex needs of young people and families. One of the most critical areas of development in this strategic plan is increasing options for permanent placements for vulnerable children and youth in Ontario with a stronger appreciation of kinship care.

In summary, there have been intermittent periods of rapid change to policy and practice in the child welfare service sector over the last quarter century in Ontario's history with the most turbulent change occurring in the past seven years. This is evidenced by cycles of increased state intervention modulated with attention to early intervention and prevention and models of family preservation. Additionally, there is greater appreciation and attention to the complex array of needs that young people and their families present with when coming in contact with child welfare workers. Greater emphasis on permanency options harkens back to the early expectations of the *CFSA* and "children in limbo" as does the commitment to funding interventions.

At the heart of child welfare policy development and implementation, are resource implications. Unfortunately, resources are not always directed at actual need or evidence based service development. Investment in change has not always translated to an investment in children. In response, there has been a series of accountability structures and mechanisms introduced to the child welfare sector. Accountability infers responsibility and the ultimate responsibility is to the child. Society as a whole has a special responsibility to children who are in child welfare care because the state is the parent. Like any prudent parent, we must attend not only to the needs of these children but to their rights, entitlements, best interests, wishes, hopes and desires.

The child welfare sector is the centre point of a system of services which are complicated, multi-facetted and fragmented. Many agencies have become service centric and self serving in an effort to compete for or preserve diminishing resources (Finlay, 2005). Layered systems of service allow for jurisdictional wrangling, inertia and laying of blame. For example; currently, there are no provincially mandated residential standards to ensure all children and youth who live in state care receive the same quality of care regardless of their location within the province of Ontario or the nature of the agency providing the residential services. Instead, the level and quality of care received by each child is dependent upon various different policies and pieces of legislation fragmented across provincial and municipal levels of government, as well as the internal policies of service providers and those of the placing agencies. Child welfare agencies hold the provincial government accountable for the regulation of standardized practice in residential care and the provincial government holds the child welfare agency accountable for the quality of care that their children receive in residential care. Ultimately because of the jurisdictional wrangling, the child is exposed

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to unsafe circumstances. Another example: youth cross over from the child welfare to the youth justice system but the relationships, case management and services that the youth received in one sector don't follow him to the other. Who's accountable? Whose kids are these? A further example is police calls regarding youth who leave the premises of a residential site. The child welfare and residential care agencies both admit that calling the police to come to a residential setting is not always a practice in the best interest of the youth but neither feels that it is their responsibility to correct the situation. Again the youth bears the brunt of these circumstances.

The bureaucratization of service delivery in direct response to accountability requirements perpetuates fragmentation and interferes with holistic, child centered approaches that are critical to the care and well being of young people in state care.

The findings of this review reinforce the need to sustain attention to prescribed policy directions with the addition of requisite resources. More importantly there is a need for true accountability to young people in the care of the state. When this responsibility falters, so too do we as a society.

Children at Risk

Over the past decade the OCFSA has witnessed dramatic changes in the population of children served. Children present with a greater complexity of needs. They often have neuro-developmental disorders, medical complexity, or cognitive impairments. This is consistent across all service sectors including child welfare. Childhood maltreatment and attachment disruptions in the context of the family are antecedents to disruptive behaviours. Such trauma includes neglect, maltreatment, witnessing domestic violence, and other adverse family circumstances. These entrenched histories of disadvantage and trauma are precipitors for admission to care (Shamsie, 1994; Haapasalo, 2000; Unger, Teram & Picketts, 2001). It has been acknowledged that deprivation and chaotic family lifestyles contribute to a host of neuro-psychiatric problems that culminate in more extreme behaviours on the part of the child. The literature repeatedly reports that foster children have higher rates of mental health concerns than community children. In a recent study, Burge reported a rate of over thirty-one percent (31.7%) of sample of permanent wards in Ontario (2007).

Youth in care of the state by definition have experienced at least one disruption in their primary care. This places them at risk for difficulties in forming attachments. Existing attachment injuries are exacerbated by instability within the care system. Multiple moves in a youth's placement history reinforce his or her poor self-concept and create both attachment disruptions and an inability to form trusting relationships (Sparrow Lake Alliance, 1996). This attachment instability predisposes youth to disruptive, acting-out behaviours that undermine residential programming, which may result in placement breakdown (Jonson-Reid, 2002; Widom, 1991). Thus, the potential for a successful transition to alternate placements is significantly diminished, ultimately leading to "...a series of graduated residential placements, with the levels of intrusiveness and security

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increasing as each subsequent placement breaks down" (Snow & Finlay, 1998). Early decisive intervention that addresses the roots of behavioural difficulties exhibited by children prior to placement coupled with placement stability, promotes the best outcomes for these children (Glisson & Hemmelgarn, 1998; Widom, 1991).

The clinical capacity in Ontario to assess these children is excellent. However, treatment strategies appear not to have kept pace. Children's Mental Health Centres, which are clinically most able to deal with children with complex needs, function at capacity and maintain waiting lists for service. These resource intensive children with special needs are therefore managed in group homes which may not be fully equipped in terms of clinical and staffing resources to manage the complexity of needs presented. These agencies, which are dependent upon per diem funding to function at capacity, may not always be able to match the needs of children with the resources required to adequately care for them. Sometimes staff has managed the behaviour of children by employing techniques that worked historically, but are ineffective with the constellation of symptoms children present with today.

As indicated earlier, children have been coming into care in dramatically increasing numbers. For the most part, these children present with a range of mental health needs. Presently, there is a lack of adequate resources to manage increased referrals both in terms of numbers of referrals and the clinical capacity. Furthermore, staff in the group homes that care for this province's most vulnerable and difficult-to-serve children are among the lowest paid human service professionals. Society presently appears to devalue the work of child and youth workers and consequently there is diminishing interest in pursuing this profession. Staff turnover contributes to a lack of continuity and further attachment disruption for these children. Staff are young, with minimal experience and often aren't offered the necessary training and supervision. Child welfare agencies are dependent on group care settings to manage their children, although they understand the limitations of the services that can be offered.

The findings of this review exemplify the special circumstances of young people in the care of the state and their need for safe, secure, therapeutic settings.

Young People: Who Do We Think They Are?

The *United Nations Convention on the Rights of the Child (UNCRC)* had a significant impact with respect to highlighting the importance of developing strategies, programs and services that are premised upon a rights-based perspective, particularly within child centered agencies. Cousins & Milner (2003) state that the *UNCRC* "reflects the assumption that it is appropriate to require states not only to protect children and promote their fundamental freedoms, but also to devote resources to ensuring that they realize their full potential for maturing into adulthood" (p. 109). The *UNCRC* reflects a rapid departure from paternalistic attitudes that favoured traditional practices of control and dependency of young persons. In keeping with this international covenant, current child welfare practices in Ontario reflect a stronger commitment to participatory

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involvement and empowerment of children and youth with an emphasis on rights-based perspectives.

There are many who believe that children should not have rights. They argue that children do not have the capacity to handle freedom, responsibility or participation; children are incapable of independent judgement; children do not have the necessary moral capacity; parents must have primary responsibility in determining the best interest of their children; children are inherently, vulnerable and need to be protected. The protection of children is often erroneously equated with children's rights. However, as Anne McGillivray (2005) states "child protection is about incapacity…weakness, powerlessness, lack of status, whereas rights are about capacity, will, power and high status." Indeed, she suggests that "it is the status of children and not their vulnerability which promotes their exploitation" McGillvray (1994). Dr. Paulo Pinheiro, (2005) the Independent Expert for the United Nations Secretary-General's Study on Violence against Children reinforces the importance of rights and the ensuing status that rights provide for the protection of children. He states, "Children are not mini human beings with mini human rights. As long as adults continue to regard children as mini human beings, violence against children will persist. Every boy and girl, as any human being, must have their rights completely respected to develop with dignity." The notions of childhood as an incomplete state persist. We need to engage children as fully participatory members of society not as adults "in becoming".

Respecting the child's right to participation goes beyond merely listening to what they say. It means using children's voice to inform adult decisions and choices.

The language used by youth gives meaning to their experience and contributes to a better understanding for those who merely witness those experiences. Generally the language of young people is representative of behaviour. They have a paucity of words which they use sparingly with adults. Adolescent bravado is manifest through their words.

A window into the culture of the institutional care environment can be found in the voices and language of young people. The importance of understanding and respecting the perceived realities of young people as consumers of service cannot be overstated (Johnson, 1999). Knowing how care is perceived and experienced by young people offers a richer, more detailed picture. How circumstances, incidents and events are interpreted by youth in care influences the meaning they attach to that experience and their behavioural responses (Petersen-Badali & Koegl, 2002).

Self-reports are considered the primary source of information for understanding the experience of youth in care. This method was considered more reliable and valid than staff reports or reliance on documentation (Davidson-Arad, 2005; Dyson, Power & Wozniak, 1997; Elliott, Huisinga & Morse, 1987; Finlay, 2006; Ireland 1999a, 2002; Sprott & Doob, 2005). Youth as researchers offered a depth and richness in the quality of information gathered (Kellett, Forrest, Dent & Ward, 2004).

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Youth communicate differently and have a different social perspective from adults but they can contribute from their unique and valuable point of view to any public debate about them. Youth need to be offered the opportunity, when they have the capacity, to influence decisions that will directly or indirectly effect them such as: choices in their day to day living; life space choices; policy, programs or practice that may effect those choices; and laws that frame those policies and practice. In fact, they are entitled by international law to have their say – Article 12 of the UN Convention on the Rights of the Child expressly grants them the right to have their voices heard, in manners that affect them. This is particularly crucial to youth in residential care settings. These youth are more vulnerable to the global influences of political will and public opinion. Furthermore, due to their status, they are equipped with fewer tools to alleviate, intervene in, or compensate for intrusive or harsh treatment. The protection of the rights, voice and ability to participate meaningfully in all the contexts of their life offers young people a feeling of belonging to their community and the identity that flows from that sense of belonging.

It is recommended that the reader, when perusing this report, views it through the eyes of the young people who have wisdom and insight into their own lived experience.

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METHODOLOGY

Review Design

The OCFSA initially chose to focus the Quality of Care Review on the four children's-aid societies that had been identified in the Annual Report of the Office of the Auditor General of Ontario (2006): Peel Children's Aid; Thunder Bay Children's Aid; Children's Aid Society of Toronto; and York Children's Aid.

At the onset of the review process it was decided to conduct the initial review as a pilot to allow for ongoing development to the review design. Thunder Bay Children's Aid Society, being the first review to be conducted, was initially designated as the pilot. However, over the course of conducting the review it was determined that a lengthier pilot period would be beneficial. Therefore, all four child welfare agencies identified in the Annual Report of the Auditor General (2006) comprised the pilot phase of the Quality of Care Review. An extensive pilot phase such as this allows for the opportunity to make modifications to the design and review process where necessary. Sufficient information has been gathered from the three initial Quality of Care Reviews (Thunder Bay CAS, Peel CAS, and Toronto CAS). Therefore, at the time of this report, findings from the review of York Children's Aid Society, which is currently underway, are not included. In keeping with its mandate and goals, the OCFSA will continue to systematically review the quality of care provided to children and youth in children's aid societies throughout the province Ontario.

The primary consideration of the review design was to ensure that the Quality of Care Review of the three children's aid societies did not deviate from the mandate of the OCFSA to act as advocates for children and youth. Therefore, it was of paramount importance that the review design had the flexibility and adaptability to meet the needs of the young people being interviewed. The over-riding goal of the review was to provide a direct opportunity for children and youth who have received residential service from one of three children's aid societies to comment on the quality of service that they received while in care.

The review design had to meet two additional criteria. First, it had to ensure that children and youth were given the opportunity to speak as the experts of their own experience. This meant that children and youth had to be afforded, through the review design, meaningful and fulsome opportunity to share their experiences and knowledge. Secondly, the design had to utilize the historical knowledge of the OCFSA. While the design of the review had to be guided by children and youth and their experiences, it was also necessary to build upon pre-existing knowledge held by the OCFSA. The OCFSA has been providing advocacy to children and youth since its creation in 1984. Since this time the Office has acquired extensive knowledge of the experiences of children and youth who are receiving care from the child welfare system; whether through the intake process, where children and youth can contact an Advocacy Officer if

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they have a concern about their care, or through the process of systemic reviews of residential placements undertaken by the OCFSA each year, the Office has gathered extensive knowledge about the experiences of young people within the child welfare system.[1]

The final review design was one that contained both qualitative and quantitative elements. Qualitatively the review offered multiple opportunities for open ended dialogue from which themes could be generated directly from the knowledge provided by children and youth. Additionally, quantitative data was gathered in key areas through more structured questions in order to ensure that all children, youth and caregivers (where it was not possible to interview the children), were asked the same questions in the same sequence.

The final review design resulted in a semi-structured interview process that maintained the advocacy role of the OCFSA. The design contained both qualitative and quantitative elements delivered through a semi-structured interview format that had numerous opportunities for open-ended discussion, allowing for the free flow of ideas.

Sample Selection

When OCFSA conducts a review of an agency or a residential placement, it undertakes to interview all the children and youth. However, due to the large volume of children in care throughout the province, a decision was made to speak to fifteen percent (15.0%) of the total number of children in care within each of the agencies. Additionally, in the case of the Quality of Care Review, the OCFSA was interested in the ensuring that there was an opportunity to hear from youth who were living in each of the possible placement categories within the residential care system.

The desire of the OCFSA was to understand as much as possible the range and diversity that represent the lived experiences of children and youth involved in the review. In an ideal situation all children and youth within each of the three agencies would have the opportunity to be interviewed. However, due organizational and resource intensive nature such an endeavour would prove very difficult, if not impossible. Therefore, a decision was made to select a stratified sample making it significantly more representative of the general population of children and youth in care. The decision to use fifteen percent (15.0%) as a sample size was based on the rationale that a sample of this size would draw on a broad-based population of children and youth and would allow for significant quantitative and qualitative data from which emerging themes could be identified.

It was determined that the best way to select the sample of youth to be interviewed would be to do a randomized selection process, stratified across placement type. It was

[1] The OCFSA received a total number of 3984 cases for the 2005-2006 fiscal year. Of the total number of cases 867 were child welfare related.

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felt that by stratifying the sample according to placement it would be a more representative sample of children and youth as "[i]n general, stratified sampling produces samples that are more representative of the population than simple random sampling if the stratum information is accurate" (Neuman, 2003, p. 223).

Each child welfare agency was seen as a separate review and therefore sample selection occurred individually and was autonomous to each agency. In order to stratify the placement, the OCFSA requested that each of the three child welfare agencies involved in the review provide a list of numbers corresponding to the children and youth that they had in their care. It was asked that this information be broken down according to the following placement types: Regular Foster Care; Specialized Foster Care; Treatment Foster Care; Outside Paid Foster Care; Outside Paid Group Care; Society Operated Group Care; Independent Living and ECM. Each agency's list was considered the sample frame for that agency and it was from this sample frame that a process of random selection was undertaken to determine which youth would be interviewed per placement type.

Ethical Issues

Whenever Advocacy Officers speak with children and youth, whether through the regular intake process or through residential reviews, the primary concern is for the well-being of the young person with whom Advocacy Officers are speaking. In the case of this review the primary concern was no different and a number of protocols were put into place to ensure the safety and wellbeing of children and youth who participated in the review.

The Quality of Care review undertook to ensure that informed consent was received in a number of ways as "all participants must be aware that they are participating in a study, be informed of all the consequences of the study, and consent to participate in it" (Rubin & Babbie, 2007, p.70). First, it was explained to all children and youth who participated in the review that the interview with the Advocacy Officers was voluntary and that they could refuse participation at anytime throughout the interview. Children and youth were also told they could refuse should they not wish to answer a particular question being asked of them. In order for the review to be voluntary in nature, it was necessary for children and youth to understand the purpose of the review. The following is a component of the introduction given to children and youth before starting the interview: "We are here today because we are interested in how youth are treated in care. We are talking to a number of youth across Ontario in the care of Children's Aid Societies to gain an understanding of their experiences. We will be looking at the rights of youth in the care of a CAS and the quality of care that they receive" (OCFSA, Review Tool, 2007).

It was explained that two reports would be produced as a direct result of the information provided through interviewing children and youth. One report would be produced for the agency of which they were a part while the second report would contain information

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gathered from three different reviews and would be presented to the Ministry of Children and Youth Services. It was explained to each young person that his or her name would not be used in any report, that all identifying information would be removed to ensure confidentiality, and that where direct quotes were used, it would be done in such a way that would not compromise the identity of the young person. All those who agreed to participate were guaranteed confidentiality with the exception of duty to report requirements under Section 72 of the *Child and Family Services Act.*

Finally, a number of additional protocols were put into place to ensure the wellbeing of children and youth who did participate in the review. Any youth who wished to have a case opened by the OCFSA in order to assist in the resolution of a particular concern could do so and this process was explained at the beginning of the interview. A separate form was developed for youth who had an issue for which they were requesting advocacy intervention and this form was separate from the interview tool in order to ensure the young persons confidentiality.

Advocacy Officers, prior to attending interviews, reviewed and became familiar with duty to report requirements under CFSA Section 75. All Advocacy Officers were provided with protocol packages that contained important contact phone numbers in case an issue should arise. At the request of the OFCSA, all of the Children's Aid Societies involved identified a lead contact person from their agency through which all communication pertaining to the review took place. Any issues arising from the review were directly communicated to the identified lead person from that agency.

Study Setting

In any review it is necessary to consider the setting, as appropriateness of the setting speaks to the credibility of the review and whether it is appropriate for the stated purpose. Additionally, consideration of the setting is important to ensuring that the "setting in which they are conducted is sensitive to the participants needs, resources, and concerns" (Rubin & Babbie, 2007, p.104). In the case of the Quality of Care Reviews, careful consideration was given to the question of where the reviews would take place. As the review spanned three child welfare agencies and the sample of children and youth selected covered a range of placements that ranged over various geographic areas, a great deal of consideration was given to identifying the most appropriate locations in which to interview children and youth.

It was determined that in order to fully understand and appreciate the experiences of children and youth it was necessary to meet with young people in their homes. This allowed for Advocacy officers to interact and engage with young people in their everyday settings. It also provided children and youth the opportunity to show us aspects of their homes, such as their bedroom, which they saw as important and provided a greater degree of privacy than an interview in a more public setting such as a restaurant or coffee shop.

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The only exception to meeting with children and youth within their homes was in the case of youth living on independence and extended care and maintenance (ECM). As part of the larger review protocol and after careful consideration, it was determined that should a youth not wish to meet in their home, then arrangements would be made for a confidential meeting space at their child welfare agency in advance. Only a very small number of interviews across the three agencies were accommodated in this manner.

Data Collection

Data was collected by Advocacy Officers who interviewed children, youth, and caregivers using one of the four following tools:

- Basic Tool: children and youth, aged eleven years and older, with no identified communication and/or developmental need were interviewed using the basic tool.
- Specialized Tool: children aged seven to ten years and those children and youth who had a communication difficulty were interviewed with the specialized tool. The specialized tool was developed to match the questions asked in the basic tool. The developmental age and possible communication needs of the child were taken into account in the development of the tool. A caregiver tool was attached to be used only for those youth identified with communication or developmental delays.
- Non-verbal tool: caregivers were interviewed with the non-verbal tool when children and youth could not be directly interviewed for one of the following reasons: children were too young to be interviewed (age six years and less) or children and youth who because of a severe communication and/or developmental disability could not be interviewed.
- Extended Care and Maintenance (ECM) tool: youth on independent living or ECM were interviewed with this tool.

Questions were comparable across all four tools and modified to accommodate the target group for each tool.

In developing the interview tools there were a number of important considerations including: the use of language appropriate to the developmental level of the children and youth being interviewed; attempts to avoid asking more than one question at a time; asking questions of relevance to the children and youth being interviewed; attempts to make the questions or interview format easily understandable; and the opportunity to explore open ended ideas.

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The following table represents the number of children, youth, and caregivers interviewed with each type of tool.

Type of Tool Used	Number Interviewed by Tool
Caregiver Tool	40
Specialized Tool	55
Basic	142
ECM	41
TOTAL	**278**

Recording of Interviews

Two Advocacy Officers attended each interview; one had the role of interviewer and a second Advocacy Officer had the role of recorder. As all Advocacy Officers had the same level of experience these roles were interchangeable. All of information gathered through the interview was recorded verbatim by the note taker on the interview tool. A training session that discussed how to take verbatim notes was conducted for all people who acted as a note taker on the reviews.

Additionally, a protocol was developed requiring that one of two Advocacy Officers designated as having additional experience in the area of children with complex special needs be present on a review where a child or youth may require accommodation or modification to the process because of special need or communication difficulty.

Data Type and Analysis

Both qualitative and quantitative data was gathered from the reviews conducted of Thunder Bay, Peel and Toronto Children's Aid Societies.

Qualitative data was examined for themes through a process of open coding as coding is "the primary method of reducing narrative data to conceptual categories into which parts of text can be groups and in terms of which text can be described or displayed (Anastas, 1999, p.420). The themes specific to individual agencies were reported in the smaller individual reports that were given directly to each of the agencies involved in the review. For the larger report, themes from the three smaller reports were examined and several working hypotheses were generated that will be discussed in the findings section of this report. A computer software program for data management, NVivo, was used to assist with analysis and to track the research analysis process.

Quantitative data was analyzed using SPSS, a statistical analysis program, to sort the data into various categories and subcategories. Upon the determination of categories and subcategories, SPSS was used to determine the frequency with which each category occurred.

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Experiential

As previously stated, the perspective of young people is critical to the mandate of the OCFSA. It is the intention that through the use of direct quotes the reader will develop increased insight as to the importance of children and youth being afforded the opportunity to speak directly to those issues that impact them. The importance of drawing on the rich experiences of those being interviewed "[t]he narratives drawn from each interview, however, are generally the most important data. In the richness of the words as spoken lies the very reason for asking open-ended questions to begin with: the possibility of discovery of the unexpected and convincing nature of people's own accounts of their social and inner experiences described in their own terms" (Anastas, 1999, p.358).

Triangulation

Triangulation of the data took place through several strategies that enhance the overall trustworthiness of the information provided. Triangulation of the data occurred through several means including sources of data collection, number of people used to analyze the data, and the use of literature gathered through several comprehensive literature reviews. Firstly, data was collected from a number of sources including children, youth and caregivers. Secondly, a number of Advocacy Officers were involved in the coding of information. For each individual agency information was coded by the lead Advocacy Officer. Additionally, all information was analyzed by the Chief Advocate. For the final report the emerging hypotheses were developed out of the themes generated within each agency. As several Advocacy Officers and the Chief Advocate were involved in the coding process it allowed more than one individual to examine and analyze the themes. Finally several literature reviews were conducted in the areas of foster care, a historical review of child welfare, kinship care, ECM and independent living.

Data Set Individual Agencies

This section of the report will present the breakdown of data that was included in each of the agency's individual reports.

Sample Data: Thunder Bay

- Thunder Bay CAS provided the 'in-care' numbers for 229 children/youth.

- The OCFSA opted to select a random sample of fifteen percent (15.0%) or 33 children /youth.

- An overall total of 40 children/youth were selected in order to adhere to minimum selection of three within a category.

- A total of 35 or over fifteen percent (15.3%) of children/youth and caregivers were interviewed.

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Sample Data: Peel

The findings of the quality of care review of Peel Children's Aid Society were based on information gathered from speaking to fifty-eight children (58), youth and/or care providers, including foster parents and residential staff.

- Peel CAS provided the 'in-care' numbers for 397 children/youth.

- The OCFSA opted to select a random sample of fifteen percent (15.0%) or 59.6 (60) children/youth.

- An overall total of 65 children/youth were selected in order to adhere to a minimum selection of five within each category.

- A total of 58 or almost fifteen percent (14.6%) of children/youth and caregivers were interviewed.

Sample Data: Toronto

- Toronto CAS provided the 'in-care' numbers for 1803 children/youth.

- The OCFSA opted to select a random sample of fifteen percent (15.0%) or 272 children/youth.

- A total of 185 or over ten percent (10.3%) of children/youth and caregivers were interviewed.

- Reasons for the low response rate include: CAS request for children not to be interviewed (total of 37 youth); difficulties encountered on the day of the interview including youth and/or caregiver not being advised of interview (total of 25 youth); whereabouts of young person unknown or young person recently evicted (total of 5 youth); refusal/presumed refusal/no answer/interview could not be re-scheduled (total of 43 youth).

Data Set: Aggregate

Total Numbers within Agency

The following table represents the total number of children in the care of each of the agencies at the start of the review.

Region	Total Population in Children's Aid Society
Thunder Bay	229
Peel	397
Toronto	1803
TOTAL	2429

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Actual Numbers Interviewed

The following table represents the actual number of children, youth and caregivers interviewed at each agency. The overall percentage of those interviewed was a total of over eleven percent (11.5%) of the total population of the three agencies selected.

Region	Total Interviewed
Thunder Bay	35
Peel	58
Toronto	185
TOTAL	**278**

Numbers Across Placement Types

Individual reports specific to the child welfare agencies involved in the Quality of Care Review contained a greater number of placement categories than contained in this report. However, because several of the placement strata have common characteristics it was possible to collapse the strata into seven different placement categories for the sake of data organization. For the purposes of this report the placement categories and meanings attributed to those categories are defined according to the following descriptions: independent living refers to youth aged sixteen to seventeen years who live on their own in an independence program supported by their child welfare agency. Independent living also includes those youth aged eighteen to twenty-one who are receiving extended care and maintenance. Kinship care refers to the provision of care for children that is provided by family or extended family. Outside paid foster and outside purchase group care refer to private organizations that negotiate with the ministry as to what services they will provide and what the per diem rate for these services will be. Regular foster care refers to the provision of residential care to a child, by and in the home of a person who receives compensation for caring for the child but is not the child's parent. Society operated group care is a child welfare operated residential setting for children and youth that is licensed by the ministry. Treatment foster care refers to foster care that provides individualized and intensive treatment for children and adolescents who would otherwise be placed in institutional settings **(See Appendix 1).**

The following represents the aggregate strata of youth interviewed according to the information provided to the OCFSA at the time the youth were interviewed:

Type of Placement	Number of Youth
ECM / IL	40
Kinship Care	7
Outside Paid Foster Care	62
Outside Paid Group care	39
Regular Foster Care	44
Society Operated Group Care	9
Treatment Foster Care	77
TOTAL	278

Limitations

For the sake of transparency all reviews must clearly state any real or potential limitations. In the Quality of Care Review of the three agencies there were a number of limitations that should be noted, including sample size, recoding of the information, and interview tools.

While the sample was stratified in order to increase the representation from the overall population and while targeted aims were closely met, in terms of overall percentage of interviews achieved, a larger sample size would have allowed for better representation of the overall population.

Secondly, while Advocacy Officers recorded verbatim the information reported by children, youth and caregivers, it is difficult to write the nuances and inflection of the conversations. After careful consideration it was determined that the number of ethical and privacy issues surrounding tape recording made it inappropriate to use this as a method of recording. This issue will continue to be considered for upcoming reviews.

Finally, a number of interview tools were developed and, as stated earlier in the methodology, careful consideration was given to ensure that these tools were developmentally appropriate and that the questions posed were not overly complex or difficult to answer. However, the development of any tool is an ongoing process and the tools will continue to be revised for upcoming reviews. In particular, attention will be given to wording of questions and the length of the tool.

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DEMOGRAPHICS

Gender

A greater proportion of the participants were male as reflected in the table below:

	Frequency	Percent
Male	160	57.6
Female	118	42.4
TOTAL	**278**	**100**

Age

The mean age of the participants was 13.2 years. The five age categories listed below are somewhat reflective of the age groups targeted by the tools.

Age	Frequency	Percent
0-5 Years	29	10.4
6-9 Years	32	11.5
10-12 Years	50	18.1
13-17 Years	128	46.0
18-20 Years	39	14.0
TOTAL	**278**	**100**

Number of Placements

Youth who responded to the basic tool and the ECM tool were asked to recount the number of placements they had lived in since coming into care. According to the information they were able to provide, the average number of placements per youth was 3.9.

Many youth (24.0%) indicated they had resided in one placement only. Indeed the majority of youth had moved three times or less (56.8%). However, twenty youth (10.9%) had been in eight or more placements with two recalling up to 25 different placements.

Placements [2]

Children who responded to the specialized tool were asked whether they had ever lived in any other placements other than the one in which they are currently residing. Sixty-two percent (34 youth) indicated they had "lived in another placement besides this".

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[2] Frequencies and percentages are not cumulative. The categories are not mutually exclusive.

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FINDINGS

The findings are arranged under five organizational categories: Standards of Care; Voice and Choice; Relationships with Care Providers; Safety; Preferred Placement Model; and Transition to Independence. Under each of these organizational categories, themes specific to the information collected from children, youth and caregivers across all three agencies are presented. Where possible, to give life to the themes, they are augmented by direct quotes from young people.

A. Standards of Care

Currently residential standards that ensure that all children and youth who live in state care receive the same quality of care, regardless of their location within the province of Ontario and regardless of who provides the direct service, do not exist. Instead quality of care within residential placements relies upon multiple policies that are fragmented across provincial government, municipalities, and the service providers themselves. Commentary throughout this report is directly related to the lack of standardized and regulated guidelines for practice and the ensuing impact on the quality of care received by children and youth in child welfare care.

A number of themes pertaining to standards will be discussed including: basic care; programming and activities.

Basic Care Provisions

Questions were asked in relation to basic care needs in both the basic and specialized tool. The purpose of the questions was to give an opportunity to discuss whether basic care needs were being met in the current placement. The questions covered a wide range of basic care needs including clothing, food, medical, health and living conditions. Overwhelmingly, children and youth identified that their basic needs were being met in all categories. For example, over ninety percent (90.0%) of the young people interviewed stated they had no concerns about clothing or food and approximately ninety-five percent (95.4%) were satisfied with the medical care they received. Ninety-three percent (93.0%) felt confident that if they wanted to receive counseling, their worker would make the necessary arrangements.

However, with respect to living conditions approximately ten percent (10.0%) of the youth respondents raised concerns. Almost ten percent (9.9%) of youth had concerns about the cleanliness of the overall living conditions and eleven percent (11.3%) had concerns about the cleanliness of bathroom facilities. Most of the concerns raised by youth were from those living in group homes. The following quote from a young person illustrates the concerns identified with respect to their living conditions:

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> *"This house is a pigsty.   Some girls don't clean after themselves in the bathroom, our bathrooms are a total disaster, garbage isn't emptied. So many holes in doors. They do repair but only use silly putty and paint over it. They don't repair the inside of the wall."*

Programming

School

Approximately eighty-seven percent (87.3%) of young people interviewed with the basic tool indicated they attended school in the community.   Eleven percent (10.6%) accessed school programming in the residence. Almost eighty-eight percent (88.0%) of these young people reported that they felt they received "enough help" with their schooling.

Activities

Children and youth were asked about the types of programs/activities they are involved in besides school. The opportunity to play is acknowledged as a crucial part of their development. Young people reported involvement in a wide range of activities either "as a family" or on their own after school and on weekends. This type of involvement included sports, dance, music, cadets/scouts/brownies, cheerleading, camping, games, and a wide range of other activities. The programs and activities being offered were meaningful, engaging and provided opportunities for positive interaction with their caregivers.

> *"It's exciting, because its [like] a mystery book sometimes. You're playing with toys, they call you and say "get your jacket". Sometimes we go to a restaurant for a surprise or something like that."*
>
> *"Comedy nights on Friday. Act out to each other or in front of friends. Game nights on Thursday. In the summer, every day in the pool and movie nights every other Friday or Saturday." (Youth in foster care)*
>
> *"We do scrapbooking together and I like dancing."*

B. Voice and Choice

Rights

The vast majority of young people interviewed across all three agencies (93.7%) stated that their rights had been explained to them.

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Awareness of the OCFSA

Section 108 (c) of the *Child and Family Services Act* obligates service providers to inform young people of the existence of the OCFSA. Although fifty-nine percent (58.5%) of the young people interviewed during the course of the reviews were aware of the OCFSA, it was concerning that over forty-one percent (41.6%) were not. As noted above, most of the young people interviewed stated very clearly their rights had been explained to them and most recognized the rights pamphlets that were shown to them by Advocacy Officers during the course of the interviews. Perhaps for some young people, the OCFSA was just another line in a pamphlet containing lots of information about many types of rights and responsibilities. It is extremely important that young people are not only made aware of their rights, but that the person explaining their rights, highlights the fact that there are places a young person can go to for help when they believe their rights have been violated, they are unhappy in their placement or for any reason they would like to have some assistance.

One of the young people interviewed provided an example of how the OCFSA was explained to her by her worker and it is our opinion this could serve as a model for other workers and service providers:

> *"She told me that if ever there was a time when I didn't feel like I could go to either of my foster parents or for some reason didn't want to trust my CAS worker or her Supervisor, you guys [the OCFSA] were the people I could call for help and that you would help me and that you didn't work for the CAS."*

Privacy

Children and young people were asked various questions about privacy. The most significant finding in this area was that only ninety percent (90.1%) of young people interviewed on the basic tool and eighty percent (80.0%) of the young people interviewed on the specialized tool stated they had in fact met with their CAS worker privately. It is an expectation that all children/youth spend private time with their CAS worker each time they meet with them. This is an essential safeguard for children in care.

Other concerns related to privacy that were identified included that youth did not have privacy when using the phone, having people walk in on them in the washroom or lack of privacy in the bedroom. A number of young people shared bedrooms with others so in many cases the feeling of a lack of privacy in this area of the environment was understandable. The need for privacy during phone conversations was the most common issue raised by young people within this category. It is imperative that children and young people have the opportunity to make private telephone calls to their social workers and OCFSA upon request and that there is general privacy for young people

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wishing to call family and friends such that their conversations are not overheard by the entire household.

Personal Possessions

> *"Sometimes not [safe] because people steal. They don't get replaced if they are stolen."*
>
> *"[I'm] afraid other residents will take them. There is nowhere to lock up your possessions, not even the office."*
>
> *"You could be grounded, they take things away. I have nothing in my room. Just a bed. I don't like it. I have clothes, my bed, toothbrush and toothpaste because I was restrained Monday night."*

Section 104 (a) of the *Child and Family Services Act* describes the right of a young person, "to have possession of his or her own personal property". It was concerning to note that almost eleven percent (11.0%) of young people interviewed did not feel their belongings were safe in their room. These concerns were generally raised by young people in either group care or outside paid foster care. The concerns identified by young people are listed below in descending order of frequency reported:

- "Stuff gets stolen"
- Belongings taken as a consequence for poor behaviour
- Caregiver took belongings and disposed of them
- Other Children/youth being permitted to enter respondent's room-possibility of theft/damage

All residences should have an area in which children and young people can ensure their belongings are kept safe. Whether this is a locked area in a room or other area of the house or increased vigilance by caregivers and staff, there should be no concern on the part of young people about their personal belongings. Secondly, possessions that are stolen while a young person is in care should be replaced quickly either by the agency providing the residential service or the CAS.

Another type of situation related to personal possessions that is of significant concern as reported by young people is the practice of "bagging a room" in response to a young person who runs away or violates a rule in the house. Sometimes it is explained that a young person's belongings were packed up and placed in another area of the residence because there was a concern these items would get stolen while the young person is away from the residence. In too many cases, however, young people have found that upon return home, their belongings are not returned. In other situations, a young person's belongings are removed from their room as a form of consequence while the young person continues to live at the residence. Unless there are items in the room that

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must be removed to prevent harm to self or others, there is no apparent therapeutic rationale for the removal of all of a young person's belongings from their room.

Pre-placement Preparation

> *"Tell them why and let them visit the place first- ask if they like it."*
>
> *"The kids should ask a lot of questions, why they are living there, who else is living there. Adults should try to understand why the children there might be sad. Kids should know about people in the neighbourhood, rules, places you can go and places you can't. So you know all about where you are staying and what you can and cannot do."*

Youth were also asked whether they had input into where they live and whether it was explained to them why they were moving. Sixty percent (60.0%) expressed they had some input into where they were living and forty-three percent (43.0%) of the youth were informed why they were moving.

> *"Would have been good to tell me why I had to go here. I was never told why I had to come here. It makes sense now"*

When children and youth participate in discussions regarding their placement options and have a comprehensive understanding of why they are moving, there is a greater likelihood that the transition to the new placement will be less traumatic.

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Apprehensions and Initial Admissions to Care

> *"We could have met some people first and they could have told us why we were here. Didn't start telling us about it until I was about 6. Even though I was 4, they could have told us something."*
>
> *"I wish they had told me the truth from the beginning. I know I was young but I still wish they were telling me the truth."*
>
> *"They should have had a meeting with me. I was only a boy, seven years old at the time. They should have talked so that I could understand."*
>
> *"Tell them why they're here and give them an update about what's happening so you know what's going on. Feel like you're here forever, if your worker doesn't keep you updated."*
>
> *"I got taken away – I was in my house with my Mom and these people barged in and took me away. Could have told me beforehand, cause I was really scared. Could tell the Mother of Father before and tell them why and when they were going to pick them up. I had no clothes because I couldn't pack."*
>
> *Was 10 ½ yrs, a lot easier if I knew a little more about CAS. Never heard of CAS before, wish worker would have talked to me at beginning."*

Children and youth interviewed using the basic tool were asked the following question, Looking back to when you first came into care, what might have been done to make things easier for you? Generally speaking, four recurring themes could be identified in reviewing the answers of young people to this question: (1) "Talk to me about it before you move me"; (2) "Tell the truth about why I am leaving even if I am very young"; (3) "Be straightforward and explain it in a way I can understand"; (4) "Let me visit where you will be taking me." This question generated considerable emotion on the part of the youth respondents.

Pre-Placement Visit

Children and youth who answered the questions in the basic tool were asked whether they had an opportunity to visit their current placement prior to their move. Of the youth who responded to the basic tool, forty percent (40.0%) said they had the opportunity to visit the placement before moving. Only twenty-four percent (24.0%) of the children and youth interviewed with the specialized tool reported having a pre-placement visit prior to moving to the current placement. Those care givers who responded for children who could not communicate indicated that over twenty-seven percent (27.5%) of the children in their care had a pre-placement visit. Overall, thirty-four percent (34.2%) of respondents in these three categories had a pre-placement visit prior to admission to the current placement. Certain circumstances provide greater challenges when trying to accommodate pre-placement visits particularly when there is some urgency in

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protecting the child. Nonetheless, the inherent trauma of leaving a family or living situation and moving to an entirely different set of circumstances and relationships requires thoughtful orchestration and the meaningful participation of the young person.

Plan of Care

Youth have the right to participate in their Plan of Care and it is an opportunity to ensure programming and services are designed to meet each youth's individual needs.   Youth who answered the basic tool were asked to comment on plan of care meetings. Youth were asked: What do you think about the plan of care meetings you go to? Are they helpful or useful? Approximately ninety-four percent (93.7%) of youth interviewed on the basic tool were aware of their plan of care and the following positive and negative aspects of the plan of care process were identified by young people:

Positives about the Plan of Care:

- Gets my point of view across
- I know what's going on, what people think and know about me
- To make sure worker knows what's going on
- To make requests: camp, visits, nose pierced
- Place to address issues and solve them
- Help plan for future
- Helpful

Negatives about the Plan of Care

- Did not feel listened to or heard during the process
- Boring (Most frequent comment)
- Too many people there
- Make me too emotional
- Could be good but adults take control more than you do

Children interviewed with the specialized tool did not seem to be as aware of the meaning of the Plan of Care. Forty-seven percent (47.3%) had "ever been to a meeting like this". Of those respondents, seventy-seven percent (77.0%) found it helpful. Overall, seventy-seven percent (76.9%) of respondents understood the purpose and meaning of the Plan of Care. All young people who are capable of participating in a meaningful way should attend and be an active participant in their Plans of Care to ensure their voice is being heard and their needs are being addressed.

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Freedom/Independence

> *"I feel I have my own space. I feel better because I have my own choices but there's consequences. I have lots of freedom."*
>
> *"You get more freedom and they trust me more."*
>
> *"I can go out, have to tell [foster parent]. I have more freedom. I can take the TTC if I want to. I get told where all my meetings are, I get all the information I want."*
>
> *"Great. Get to do what we want-not to get overwhelmed. We have some limits but not much. Get to go on computer, go to park, ride bikes, play."*
>
> *"The opportunity to prove you are responsible."*

For youth who answered the basic tool, the concept of "freedom" seemed integral to a positive placement experience. The concept of "freedom" is difficult to define, but it is a term utilized by the youth. They discussed the freedom to participate in decision making, the freedom to participate in community activities and the ability to live in an environment that, while structured, is not overly inflexible with rules and routines. They appreciated opportunities to make choices and have a "voice" related to their care and well-being.

Aspects of Freedom/Independence identified by young people:

- Access to community
- One's own "space"
- Freedom to make choice
- More responsibility
- Freedom from constant surveillance
- Opportunity to learn to become more independent
- The ability to participate in food choices and meal planning

C. Relationship with Care Providers

Worker Consistency

> "I can say, 'Thank you for everything CAS'. If they weren't around I don't know where I'd be."
>
> "If there was no such thing as CAS I'd have ended up on the street. [I've had the] same worker for five years. [Name of worker] is a person I could not replace."

Youth interviewed with the basic tool were asked whether they had changed workers in the past year and, if so, how many times. It is positive to note that almost sixty percent (59.9%) of the youth interviewed reported no change in worker over the past year and over twenty-one percent (21.1%) identified only one change.

Ease and Frequency of Contact

> "She calls back as soon as she gets my message. She is really good."
>
> "Every time I call her, her answering machine comes on. If I call on a Thursday her voice message says, 'This is a Wednesday and I will be leaving the office at 3:00pm'. I called her today to tell her about my [athletic] award but she wasn't there so I left a message."
>
> "I call, they call back within two days."
>
> "She's not normally there. I leave a message – she doesn't always get them, 1 or 2 days she calls back."
>
> "I call and leave a message. She does not call back. I have an arrangement to call my worker when I want to see my Mom but it's hard to get my worker."

The following question was asked of youth who answered the basic or the ECM tool: How easy/difficult is it to reach your worker? Over half of the youth (54.6%) responded that it was easy to reach their worker and 30.6% stated it was difficult.

The frequency of contact with the worker was asked of youth who responded to the basic and ECM tool and the caregivers for those children who were unable to communicate (caregiver tool). The responses varied according to the placement type. The range of responses included: "more than once per week", "weekly", "more than once per month", "once a month', "every two months', "every three months" and "every four to six months". The table below illustrates that workers had more frequent contact with children in regular foster care/treatment foster care and youth living independently.

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Children or youth living in outside operated foster homes or group care had demonstrably less frequent contact with their worker.

Frequency of Worker Contact

Frequency of Contact	Type of Placement			
	Foster Care / Treatment Foster Care	Outside Operated Foster Care	Group Care	ECM / IL
Once a month or more frequently	62 (69.7%)	18 (38.3%)	21 (50.0%)	33 (82.5%)
Less frequently than once a month	25 (28.1%)	23 (48.9%)	18 (42.9%)	6 (15.0%)
Other	2 (2.2%)	6 (12.8%)	3 (7.1%)	1 (2.5%)
TOTAL	**89 (100.0%)**	**47 (100.0%)**	**42 (100.0%)**	**40 (100.0%)**

Children and youth who were interviewed with the specialized tool were asked a different question about worker contact. The questions asked of children who were interviewed with the specialized tool was: If it was really important to see (name of worker) what would you do and how would you get them? A majority of those interviewed indicated they would ask their foster parent to call the worker or that they themselves knew how to contact their worker.

Perception of Care

Youth interviewed with the basic tool were asked: Does your worker make sure you are getting cared for properly? Eighty-nine percent (88.7%) of the youth identified they felt their worker took steps to ensure they were receiving good care. The majority of youth living independently /ECM (87.8%) felt their worker was trying to make sure they were cared for properly.

Youth interviewed with the specialized tool were also asked: Do you think your worker makes sure you are taken care of? Seventy-three percent (72.7%) of this group of children and young people stated they felt their worker was making sure they were receiving proper care.

An examination of the responses to the basic, specialized and ECM tool noted the following common themes that indicated to young people that their CAS worker tried to ensure they were being care for properly:

- He/she asks lots of questions
- Makes sure of things/checks up
- "Makes things happen", "Sets things up for me".

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The most common theme identified by young people as an indication their worker cared about them, was that their CAS worker was inquisitive, asked lots of questions about the placement and the kinds of things that were going on in the life of that young person. It was perceived that a general question about "how things [were] going" was not enough and specific questions needed to be asked by the CAS social worker about food, clothes, punishment, living condition and the treatment of the young person by the caregiver.

Qualities identified by youth as non supportive actions by their worker were as follows:

- Doesn't return calls
- Returns calls to foster parent/placement not youth
- Meetings with youth get put off
- Doesn't see youth very often

Overall, eighty-five percent (85.0%) of the 238 respondents across all three tools felt their worker made efforts to make sure that "they were cared for properly".

Sources of Support

"If I have any problems, I can turn to [staff member], she is willing to help me. She knows a lot and she makes projects just for me..."

"[Foster father] takes care of it for me. I don't go often. I know everything...[Foster father] goes in with them. I could go if I wanted. [Foster father] makes sure I don't sign my life away."

"They help me with a lot of things and I'm always happy."

"Problem, go and ask – they act really concerned."

"Certain staff don't care, they tell me they care but they don't show it. Sometimes they walk out on me when I am not done having a conversation. But [name of staff person], my favourite staff spends hours explaining things to me. A staff person upstairs said that you are not supposed to put your whole heart into it but [name of favourite staff] does."

The following question was asked of youth interviewed with the basic or the ECM tool: Do you have a person that believes in you, supports you or is on your side? The majority of youth interviewed reported they had someone who supported them and ninety-five percent (95.0%) of the 183 youth answered "yes" to this question. This question is asked by the OCFSA in all of the reviews that it conducts across all service sectors throughout Ontario. It has proven to be a critical question for determining the degree of isolation felt by young people. If young people living away from their family

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can identify someone that they could turn to for support or assistance, then this person may serve as a safeguard. This can be viewed as a protective factor particularly for children in care.

The Table below illustrates the range of persons that have been identified by respondents of the basic and ECM tools. The social worker remains a significant person in the child's life regardless of placement type.

Person Who Supports You

	Frequency	Percent
Worker	86	60.6
Parent/Family Member	67	47.2
Staff	28	19.7
Foster Parent	18	12.7
Friend	15	10.6
Teacher	5	3.5
Cop	2	1.1

> " I talk to my worker about my family and what hurts deep in side."
>
> "CAS has taken care of me for a long time."

The majority (65.5%) of the child respondents of the specialized tool were able to indicate also, that people "here care about kids who live here".

Almost half of the youth respondents (47.2%) identified a parent or family member as the person who believes in them and supports them. The importance of sustaining access to family is critical to these youth.

> "I get to see my brother every two week."
>
> "My Mom lives in _____, I don't have any problems seeing her."
>
> "I get to call my Mom and Dad whenever I want."
>
> "Twice a month with siblings."
>
> "I get Saturdays, Wednesdays, and Tuesdays with Mommy."

A small section of the review targets the issue of the cancellation of access visits to family due to systemic issues rather than issues related to the young person's family. Children and youth interviewed using the basic tool were asked: Have you ever been

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concerned because your visits were cancelled? Youth who responded in the affirmative to the question were then asked whether the reason for the cancellation was due to any of the following: (1) Cost; (2) Consequences; (3) Transportation; (4) Distance or (5) Difficulty with arrangements.

Twenty-two percent (21.6%) of the youth interviewed expressed concern about the cancellation of visits. Reasons for cancellation in descending order of frequency are as follows: Difficulty with arrangements (12.0%); Transportation (9.2%); Behavioural Consequences (4.9%); Cost (2.8%) and Distance (1.4%). It is important to children/youth in care that any access to their family, when that access is deemed in the child's best interest, has minimal disruption. Child welfare agencies need to facilitate access to nurture even fragile familial relationships.

D. Safety

Peer Violence

Children and youth interviewed with the basic tool were asked about safety across a number of different areas including name calling based on race; name calling based on special need; homophobic remarks; physical fights; sexual harassment; and threats. A majority of the youth who were asked these questions identified they had no concerns.

There was, however, a minority of youth who identified name calling as an issue, both at school and within their child welfare placement. This highlights the importance of being aware of how each child within care is doing at school and within their placement so that if bullying occurs it can be addressed and dealt with in an appropriate manner. Bullying is not only an issue within schools but can become an issue in any setting where a number of youth live together such as in residential group care. Twelve percent (12.0%) of the young people interviewed in the basic tool indicated that they had either participated in or witnessed fights at their placement and over fourteen percent (14.1%) reported threatening statements being made at the placement. Providing diversity awareness programming that looks at multiple diversities can help to build an environment of understanding, inclusion and awareness.

Youth who made comments in this section raised concerns such as "being hit by other kids" (identified at OPR and OPFC placements), name calling, being bullied at school, and sexualized comments.

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The OCFSA did not ask any questions about the frequency of these occurrences of peer violence either in the placement or school environment, but the following quotes serve to demonstrate the breadth of the type of situations identified by young people who made comments in this section of the interview:

"I don't like it here because of the teasing. The boys don't get punished."

"There's my brother that lives here and my [foster] dad who sticks up for us when older kids want to beat us up. My friends can just run here if teenagers want to beat them up."

"I've fought with kids here. I was grounded. Sometimes at school they wanted to see my boobs."

"I am not scared. I have been scared about threats but I have always dealt with that. I don't feel like my school is dealing with it. I will talk to my worker about it."

"The school doesn't feel that safe – told worker – trying to find a way to go to better school. Foster Mom knows the school is not that safe."

"People call people gay every single day. I get it every day – people tell me my sister's demented. One time a girl snitched and they told her they were going to beat her up."

Youth who answered questions from the basic tool were asked specific questions regarding whether they had seen or experienced the following:

Type of Peer Violence	Placement	School	Both school and placement
Name Calling Based on Race	11 (7.7%)	29 (20.4%)	14 (9.9%)
Homophobic Remarks	13 (9.2%)	24 (16.9%)	14 (9.9%)
Name Calling based on Special Needs	11 (7.7%)	24 (16.9%)	11 (7.7%)
Fights	17 (12.0%)	37 (26.1%)	15 (10.6%)
Sexual Harassment	4 (2.8%)	10 (7.0%)	5 (3.5%)
Threats	20 (14.1%)	21 (14.8%)	8 (5.6%)

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Youth answering questions from the basic tool were asked a question about safety in their environment: Do you feel you are living in a safe place? Eleven percent (10.6%) of the young people who answered the question responded they felt they were not living in a safe place.

Children and youth answering questions in the specialized tool were asked the following questions: Has anyone called you bad names or made fun of you while living here? Slightly more than one quarter (25.5%) of the young people answering this question replied "Yes". For youth who chose to comment in this section the most common complaint was sexualized comments directed towards them by both male and female residents.

Running Behaviour

> *"If they would stop instigating, help calm me down, find out why I am running away, maybe make me feel more at home, not so much rules and talk to us about things."*
>
> *"They don't ask you questions [about] why you ran away."*
>
> *"I left the group home at 1am and they wouldn't let me back in at 3am. They said, 'No'. I was kept out there until the next shift change, didn't go back until 7 or 8 am."*

Over one quarter (26.6%) of the 143 young people answering questions in the basic, specialized and care giver tools answered "yes" when asked if they had "ever run away".

It should be noted that not all youth were asked this question. The specialized tool was used for children six years of age and over in addition to young people with an identified "special need". Advocacy Officers were given discretion as to whether this question would be posed to all youth or care givers interviewed.

Children and young people were asked why they had run away, and the interview tool contained a series of 'check boxes' with a list of possible reasons a young person might provide for running away. A review of the responses from youth indicates there is little to be gleaned from this section of the interview tool.

Comments about running away referred to a range of behaviours including being late after visiting a friend, missing curfew and being away from their place of residence for several days or more.

The general response to "running away" seemed to be that the caregiver would "chase" after the young person or conduct a search for the young person (most frequently

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reported) or call the police. Some youth mentioned that police are contacted immediately after a young person leaves the property of the residence.

The quotes from the young people cited above illustrate the general nature of concerns identified in situations where children and young people leave their residence without permission. Firstly, it is important for the care provider and the CAS to have an understanding of the reasons for which the young person chose to run away. Several youth commented they were not asked any questions about the reasons for their decision to leave. Secondly, it would be appropriate to consider whether or not staff played a role in the young person's decision to leave.

Police Contact

Youth were asked the question: 'Has anyone called the police on you here?'

> *"Almost every day."*
>
> *"They called the police after twenty minutes. I stayed too long at my friend's house. But I came back and they didn't have to call."*
>
> *"Yeah, well I ran. I AWOL'd for two days, they were just about to call the hospitals. The police were out looking for me. They were worried about me."*

As the result of concerns raised by a number of youth and other stakeholders regarding contact between youth in the child welfare system and police, questions were asked about this issue in both the basic and specialized tool.

Twenty-eight percent of youth (27.5%) interviewed with the basic tool indicated that either staff or their caregiver had called the police related to an incident involving that young person. The most frequent scenario for police contact involved a youth leaving the premises of their placement without permission. Other situations involved cases of self harm or threats. Several youth raised the issue of group homes calling police "almost every day" to deal with the behaviour of young people and one youth stated young people in the residence were more likely than staff to call police and did so in order to report injuries sustained as the result of a physical restraint.

Eight child respondents interviewed with the specialized tool indicated that the "police had to come here".

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Behaviour Management

> *"I've been here for three years. I am used to the rules and privileges, what I am able to do and not able to do. I know the rules and what to expect. I know what [foster father] doesn't like. I know all the programs. When I'm mad [foster father] knows how to communicate. When I'm mad [foster father] knows how to calm me down and make us happy again."*

Children and youth in the care of the three child welfare agencies reviewed were asked a number of questions related to behaviour management strategies and the types of consequences utilized within their current placements. A vast majority of the youth spoke of experiencing reasonable and natural consequences such as loss of privileges, short periods of "time out", being sent to their room, or a period of grounding. Some youth also spoke of more behaviourally based strategies such as level systems, point systems and token economies. A small number of youth described consequences that the OCFSA regard as unreasonable and inappropriate. These included the following:

- Possessions taken as a consequence
- Access to family used as a consequence
- Not allowed to participate in scouts, cadets etc

Section 103 (a) of the *Child and Family Services Act* articulates the right of a child or young person in care to "speak in private with, visit, and receive visits from members of his or her family regularly". The legislation recognizes there may be court ordered exceptions to this right but not abridgements of this right as part of the behaviour management scheme at a residential placement. The OCFSA strongly encourages all CAS workers to be aware of the behavioural management practices in use in the homes where children and young people are living and to ensure these practices do not conflict with the legal rights of the young people.

Physical Restraints

Sixteen percent (15.7%) of youth who answered questions from the basic or specialized tool spoke of experiencing a restraint and thirty-six percent (35.5%) indicated they had some worries about that physical restraint. Many of these children and youth spoke to their worker about their concerns. The type of concerns raised about the use of physical restraints included the following:

- Hurt during restraint
- Concerns about technique
- Overuse of restraints ("restrain for no reason", "Use restraints for everything")
- Don't like being restrained because of personal issues from the past

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Locked in a Room

Eleven children/youth reported on at least one occasion they had intentionally been locked in a room by a caregiver. Although this number is small, it should be noted that under the provisions of the *Child and Family Services Act* children may only be placed in a locked room in one of two situations: (1) A child has been placed in a youth custody facility and (2) the residential services provider has a license to operate a secure isolation room. It has been the experience of the OCFSA that very few residential service providers have received a license to operate a secure isolation room on the premises.

Searches

> "They don't want to have extra money on us when we go out. They don't want us to get sick buying too much candy, they don't want us to spend too much." (OPFC Youth)
>
> "They search our rooms every day. They've been searching for five or seven months." (OPR Youth)
>
> "Every time you walk in the door, empty pockets, look in bags, look in socks, general search, room searches." (OPR Youth)

Twenty four percent (23.9%) or thirty-four youth interviewed with the basic tool reported they had been searched in their place of residence. This question included a number of options with regard to the type of search experienced by these young people. [3]

Pocket	15 (44.1%)
Belongings	20 (58.8%)
Pat Down	7 (20.6%)
Remove clothes	2 (5.9%)

Youth were also invited to elaborate on their responses to this question. A review of the comments indicated that the most frequent type of search experienced by youth was a search of their room, not a personal search. Some youth stated that everyone at the residence had his/her room searched every day. Youth provided the following information as to the rationale for this type of intrusive measure:

- Drugs
- Stealing
- Cigarettes and lighters

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[3] Frequencies do not add up to 34 as some youth indicated they had been a subject of more than one type of search.

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The practice of searching a young person's room every day for a period of months raises significant concern. A search should only occur if there are legitimate grounds to do so and not as a matter of routine. For example, the possibility that children might be eating too much candy, does not, constitute a legitimate reason to conduct a search.

E. Preferred Placement Model

Perhaps the most significant finding in this review of the three child welfare agencies was the manner in which young people described their placements. Advocacy Officers and staff at the OCFSA were moved by the words and expressions of so many of the young people who talked about "feeling loved" in their placement. Furthermore, young people directly stated that they felt like a member of the family. They described having lots of "fun" and they strongly believed that they were cared for and felt very well treated.

In this section of the review, we have deliberately chosen to reproduce a number of the quotes in an attempt to more accurately convey their sentiments. Many of the quotes in this section were drawn from the answers youth gave to different questions throughout the interview. There were, however, specific questions asked of children and youth about their relationships with their caregivers. Youth interviewed with the basic tool were asked: Do people here care about you? How do they show they care or don't care? What kinds of things do people do here together as a group or a family? Children and youth interviewed with the specialized tool were asked: Do people here care about the kids who live here? Is everyone treated the same/is anyone treated differently? What kinds of things do you do as a group or a family?

"Family Like" Environments

> "It's like family, stable and healthy environment."
>
> "They treat me like family. They involve me with everything."
>
> "Family, I'm not left out because they're not my blood family."
>
> "She's like my Mom, her family is my family. Making sure I am getting ready for life."
>
> It's a comforting place. Don't feel like a foster child. Feel like a family can talk to her...comfortable."

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Emerging from the data as a theme was the importance of a placement that replicated a family or "home-like" environment. Although the concept of family and what exactly constitutes a family or "home-like" environment is a broad concept, within the context of this review youth spoke to a number of factors that could be classified under the theme of a "family-like" environment including emotional attachments between the child and the foster parent or caregiver ("I feel like I am loved"), individualized attention, participation in activities, and opportunities for independent action. Children and young people were very expansive in their comments about emotional connections with their foster parents or other caregivers:

> "He takes care of me now, I will take care of him when he's old. I will take care of the people who cared for me."
>
> "Good, I like it, [I] feel like I am loved. Good food."
>
> "Yes [they care] a lot. They worry about me because if I do something wrong I can see it in their eyes."
>
> "Oh yeah! They opened their heart to me."
>
> "They make sure that we have clothes, that we have happiness."
>
> "They support me, they help me make the right choices."
>
> "She tells me she loves me."
>
> "Care too much. They tell me, they ask me daily how my day went. They worry about how to best meet my needs."
>
> "They involve me."
>
> "Respect, caring, trust, etc."
>
> "She cares. She is an abundance of careness."

In analyzing the comments of young people, it would appear the most favourable comments were made by children and youth living in some form of foster care including those in the category described as "Outside Paid Foster Care". It should also be noted there were many positive comments from those young people who lived in group care. Many group care providers successfully attempted to replicate "home like" environments.

The following list describes the "good" features of a family/home like environment most identified by young people in descending order of frequency. The most common responses at the top of the list had more than 30 responses and the equally as important but less frequently identified features had a minimum of 5 responses.

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Emotional and Familial Components

- It's fun here
- Vacations and Trips
- Treat me like I'm part of the family
- Help Me
- I just know they care
- Treat me like their own kid/or like other kids
- Feel like I am loved
- Parties for Special Occasions
- Safe here/Know where we are at all times
- Look after me
- Worry about me
- They "took me in"
- Way I am treated/Way people treat each other
- Quiet/Cozy/comfortable/Nice neighborhood
- Opportunity to learn new things/Opportunities

Being involved in a variety of activities as a family was very important to young people. The activities meaningfully engaged the child and youth in an inclusive manner that gave them a sense of belonging. Family related activities were included outdoor activities such as camping and swimming; watching television and movies together; going on outings such as to the mall, shopping or Canada's Wonderland; sports and games; and going out to eat.

> "I got to do a lot of stuff outside and we got to go places. We went on a lot of hikes. We used to have parties for special occasions. We had lots of fun there."
>
> "We go for dinner, celebrate our birthdays and go on vacations."
>
> "Trips, outings, shopping, eat together, out for super. We do everything as a family."
>
> "We get to do lots of fun things, Canada's Wonderland and stuff like that. Peers and staff are really nice to you."
>
> "They say if we behave, we can do stuff like Laserquest."

The ability to make your own choices and have a say in decisions that will affect you were a critical feature of a home like environment.

Placement Type

Best Placement

Children and youth who were interviewed with the basic tool were asked the following question: What kind of placement was the best for you? Of those who responded, two thirds (66.5%) felt a foster home was the best type of placement for them and one fifth (19.7%) believed a group home was the best type of placement. Of those youth who answered "this place" to the question as opposed to specifying a placement type, the majority were currently residing in a foster home setting. The table below illustrates the preferred choice of youth who responded to the basic or ECM tool.

Best Placement Identified by Youth Participants [4]

Best Placement Identified by Youth Participants	Number of Youth	Percentage
Foster Home	101	66.5
Group Home	30	19.7
ECM / IL	6	4.0
Family	6	4.0
None	4	2.6
No Comment	5	3.2
TOTAL	**152**	**100.0**

Rating of Care

Overall, children and youth gave a high rating to the care provided to them in their current placements. Those interviewed with the basic tool were asked the following question: On a scale of 1-10, how would you rate the care you are getting here with "1" being the very worst possible care and "10" being the best possible care? The majority of youth responded to this question; with a total of 138 respondents out of a sample size of 142 offering a score of their current care.

- Forty-five percent (45.1%) of the respondents rated their care at "**10**".

- Three quarters of the youth (73.2%) provided a rating of "8" or higher.

- Sixteen percent (16.2%) of the respondents gave a rating between "5" and "7".

- Eight percent (7.8%) of the respondents gave a rating under "5".

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[4] Includes youth who responded to the basic and ECM tool.

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Children interviewed with the specialized tool were asked the following question: Can you show me how you feel about being here? They were then asked to identify a picture from a selection of faces that ranged from happy to sad. Of those asked the question, a majority (70.9%) identified the happy face in response to the question.

With further analysis, the type of placement influenced the score provided by the youth. (see below)

Youth Participant's Rankings of Their Care According to Placement Type [5]

Placement Type	Ranking (1-10)				Total Youth (Percentage)
	< 5	5-7	8-9	10	
Foster Care (Regular Foster Care & Treatment Foster Care)	0 (0.0%)	6 (10.0%)	24 (40.0%)	30 (50.0%)	60 (100.0%)
Outside Paid Foster Care	4 (9.5%)	8 (19.0%)	11 (26.2%)	19 (45.2%)	42 (100.0%)
Group Care (Society Operated Group Care & Outside Paid Group Care)	7 (21.2%)	9 (27.3%)	5 (15.2%)	12 (36.3%)	33 (100.0%)
TOTAL	11	23	40	61	135

Youth Participant's Rankings of Their Care [6]

Placement Type	Ranking (1-10)		Total Youth (Percentage)
	< 8	8 +	
Foster Care (Regular Foster Care & Treatment Foster Care)	6 (10.0%)	54 (90.0%)	60 (100.0%)
Outside Paid Foster Care	12 (28.5%)	30 (71.4%)	42 (100.0%)
Group Care (Society Operated Group Care & Outside Paid Group Care)	16 (48.5%)	17 (51.5%)	33 (100.0%)
TOTAL	34	101	135

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[5] Youth who responded to the basic tool only.

[6] Youth who responded to the basic tool only.

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Foster care (regular and treatment foster care) was ranked considerably higher than group care by the youth respondents. Outside purchased foster care did not get the same high score as the other forms of foster care but was clearly preferred to group care.

> *"Like foster home better than group home."*
>
> *"Foster home was the best. Less kids, do stuff, sleep in."*
>
> *"Family, supportive in making sure I had things, sports were important to me."*
>
> *"Lived in the country and they never breached me."*

When considering the two primary types of residential care provided to children and youth in child welfare care, foster care and group care, there were positive aspects to both as identified by the youth respondents. Of no surprise, was that those aspects described by youth as **positive aspects of foster care** were unquestionably the same as the features described in the "family-like" environment, as follows:

- More fun
- Family Setting
- Good connection with foster parents/like a family
- Way I was treated
- Good environment
- One-to-one

The **affirming aspects** described by youth regarding **group care** were related to respectful relationships, ability to make choices and to learn new things as follows:

- Good staff
- Allowance
- Help me
- Opportunity to make friends
- Fair rules
- Teach responsibility

> *"This group home is probably the best one. The amount of focus they put in is really quite good. They really push me to my full potential. I want to get back up there. They don't want to see me as a failure... Staff working in this residence are very supportive. They don't agree when I make negative comments. They try to help me be more positive."*
>
> *"It's fun, it's laid back, it's enjoyable. Always new staff. Always someone new or who I haven't seen in a long time."*
>
> *"This one is the best because it has really helped me and I haven't done anything to harm myself here."*

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Stability of Placement

Youth interviewed with the basic tool were asked about the number of times they had changed placements in the past year. The majority of youth (68.3%) had remained in their current placement over the past year. Approximately one fifth (19.7%) had moved once in the past year, 6.3% moved twice, 2.8% stated they had moved three times and 2.8% indicated more than three placement changes. Overall, almost one third of these young people had experienced a major change in their life circumstances and their relationships in the past year. The average number of placement changes for these youth respondents while in the care of these three agencies was four (4).

Institutional Environments

Placement Concerns

Youth interviewed using the basic tool and the ECM tool were asked whether they had ever been in a bad placement. Over half (51.3%) of youth interviewed responded "Yes" to that question. Children interviewed with the specialized tool were asked to describe anything they did not like about any of the placements in which they had lived before. These observations are represented in the comments below. It should also be noted that prior to the onset of the interview process, one CAS advised the OCFSA of 9 young people who either alleged abuse or had an investigation that verified abuse in a previous placement.

Problems in Foster Homes

> "I told CAS the foster mom was too aggressive. I did not know about the Advocate's office. If I did, I would have let them know."
>
> "You don't want a kid feeling like they are growing up in a house, not a home. There's a difference. They can come home from school and feel welcomed, like they belong. To have a house key, to be allowed to be home alone. [There's a] system of unsaid rules. You get the trust by fulfilling the responsibilities."

An examination of the responses to the basic, specialized and ECM tools identified the following commonalities in foster homes considered to be "bad placements".

- Abuse
- Treated biological kids better/Not treated like family member
- Can't be in house by myself/can't bring friends by/No house key
- They were aggressive
- Problems with food
- Called Names/Disrespectful treatment
- Didn't understand teenagers
- Didn't get clothing allowance (very common complaint)

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These worrisome elements of "bad foster placements" exemplify the young people's ability to discriminate between good and bad practice in foster care. It also demonstrates the importance and value of a "home like environment" in respecting the wellbeing and best interest of children and youth in state care. These comments, although concerning, were fortunately few in number.

Problems in Group Homes

> *"All doors locked and staff carry keys, food locked up, power and control environment. Staff act more like a custody home."*
>
> *"I don't know why they stick you in a home with so many girls with so many problems. It will only mess you even more."*
>
> *"... I am used to just my mom telling me what to do. It is hard because you have 5 or 6 staff telling you what to do and I have to decide whether I'll listen..."*
>
> *"I feel unwanted. I was put from place to place with kids with way more needs."*
>
> *"Both group homes – kids screaming, always getting mad, way too much rules, I always had to stay in my own room."*
>
> *"Group home, had to call the police."*
>
> *"Group home – worst place I have been in."*

An examination of the responses to the basic, specialized and ECM tools identified the following themes that were commonly cited about group homes which were considered by young people to be "bad placements":

- Difficult to live with other people/Hard to keep on track when living with people with problems
- Not family-like
- Problems with staff
- Restraints
- Rules
- Lack of freedom/independence
- Police Calls
- Crowded group homes have problems
- Nothing to do, no outings
- Denied access to family as a consequence
- Peer pressure resulting in negative behaviour

As evidenced in the rating of group care by youth respondents, group care was not the preferred model of care. Youth described some group care environments as institutional and many likened it to custody. The paucity of meaningful activity, intolerant staff/ youth

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relationships, the rigidity of rules and the restrictions on youth's ability to access the community are consistent with a correctional environment. The difficulty living with young people like themselves with a complexity of mental health problems and the level of peer aggression were also disturbing elements of some group home environments. These troublesome remarks were more prevalent than disparaging comments about foster care. Again, overall, this is consistent with the youth's preferred placement model and their more elevated ratings of other forms of care.

When considering placement type and the age of the young person, the respondents who resided in group care tended to be older than those in any form of foster care. Indeed, ninety percent (89.3%) of youth 0-5 years of age were in regular or treatment foster care and ten percent (10.0%) were in outside purchased foster care. By adolescence, there was a relatively even distribution of young people across foster care (38.8%); outside paid foster care (31.4%) and group care (29.8%).

Placement Type and Age [7]

Placement Type	Age					Total
	0-5 yrs	6-9 yrs	10-12 yrs	13-17 yrs	18-20 yrs	
Foster Care (Regular Foster Care & Treatment Foster Care)	25 (89.3%)	22 (73.3%)	27 (57.4%)	47 (38.8%)	0	121
Outside Paid Foster Care	3 (10.7%)	6 (20.0%)	13 (27.7%)	38 (31.4%)	2	62
Group Care (Society Operated Group Care & Outside Paid Group Care)	0 (0.0%)	2 (6.7%)	7 (14.9%)	36 (29.8%)	3	48
TOTAL	28 (100.0%)	30 (100.0%)	47 (100.0%)	121 (100.0%)	5 (100.0%)	231

A number of young people interviewed either on the basic tool or the ECM tool, raised the concern that they had never been placed in foster care and their initial placement was a group care situation. There was a perception that there were no foster homes for teenagers. As indicated, you people identify foster care as their first placement choice. Indeed, many longed for a family-like environment. Some of the young people who discussed coming into care as a teenager identified having little or no experience with drugs, criminal, or other types of 'risky' behaviour prior to their admission to a group

[7] Excludes child/youth respondents on Independent Living or in Kinship Care.

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home. Similar to the points made by youth with a wider variety of residential experience, a number of young people raised the point that it was difficult to live in a group situation with people they didn't know who were also trying to overcome difficult circumstances.

> *"Foster home. But my worker said, I "wasn't fit for a family situation". When they finally sent me to a foster home, I did the best. They wouldn't send me until they gave up on me."*
>
> *"I felt lots of people didn't want teenagers. [It would be] better if foster home at first, like a family but then if it did not work out you could go to a group home."*

Outside Paid Resources

As indicated earlier, currently, there are no provincially mandated residential standards to ensure all children and youth who live in state care receive the same quality of care regardless of their location within the province of Ontario or the nature of the agency providing the residential services. Instead, the level and quality of care received by each child is dependent upon various different policies and pieces of legislation fragmented across provincial and municipal levels of government, as well as the internal policies of service providers and those of the placing agencies. Lack of standardized and regulated guidelines for practice has a dramatic impact on the quality of care received by children and youth in child welfare care. All three child welfare agencies, albeit with varying frequency, contract with outside placement resources to provide services for their children and youth. This includes both foster care and group care.

Youth respondents made it evident that they favoured "family-like" over institutional models of care. Institutional approaches to behaviour management tend to be intrusive and more apparent in their use in outside purchased care resources. For example, considering the data collected from the basic tool, only five (5) youth who were in regular or treatment foster care indicated that they had been physically restrained. Whereas, 8 youth (19.1%) in outside paid foster homes had experienced a restraint in that setting. In comparison, 12 youth (41.4%) had been restrained in outside purchased group care.

> *"I hate it here – not very good, they are bad at restraints."*
>
> *"I was 8 and I threw a temper tantrum – they grab us on arms and squeeze and send us to our room."*

When youth were asked about being "locked in a room", again it occurred predominantly in outside paid resources. Similarly, the practice of searches occurred

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mainly in outside purchased foster care. Almost thirty percent (28.6%) of youth respondents in OPFC and half of all youth respondents in outside purchased group care had been involved in a search procedure. The numbers are small but the experience of even these few children is significant.

Peer violence as illustrated in the Safety Data on page 45 was **only** reported by youth respondents who resided in outside paid residential care. Name calling by race or special needs and homophobic remarks were equally evident in both foster and group care (OP). Fights were more prevalent in (OP) foster care than group care and threats were more often reported in group care than foster care (OP). However, there was minimal or no evidence of these types of behaviours occurring in regular or treatment foster care.

When asked if "the police had ever been called on you", thirty-one percent (31.0%) of youth living in outside paid foster care responded affirmatively. Forty-seven percent (47.2%) of youth living in group care responded that the police had been called on them. Youth indicate that some homes are relying on calls to police as part of a behaviour management strategy. The majority of calls to the police however, are to report youth as missing. Youth reported that a missing persons report was lodged simply for leaving the property without permission rather than in a situation where they are actually "missing" or there are reasonable grounds to be concerned about the safety of a young person who has left the grounds of the placement. The issue of calls to police is one which the OCFSA will be exploring further over the coming months. Again, it is reiterated that these young people are living in placements that are expected to function as their homes and they are not living in a custodial setting.

> *"Sometimes the kids call the police to let them know they were hurt in restraints. There was one kid and he was strong and they had give police come and run the program until he went to bed. Don't' like police coming because of guns in the group home."*
>
> *"Do you think sending me to jail is in my best interests? They shouldn't threaten you to call the police. I'm only 14. I was worse when I came out of jail."*
>
> *They use threats of calling the police."*

Running behaviour was also more common in outside paid resources. There was only 4 youth (6.6%) from regular or treatment foster care who indicated that they had run away. Whereas, almost thirty percent (28.6%) of youth from OP foster care and fifty percent (50.0%) from group care indicated that they had run away from their placement.

As illustrated previously, workers had more frequent contact with children in regular foster care/treatment foster care and youth living independently. Children or youth living in outside operated foster homes or group care had demonstrably less frequent contact with their worker. Nonetheless, the majority of youth across all placement types

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described the worker as the person they would turn to for support and who believes in them. They placed significant value to that relationship.

Furthermore, as indicated previously, young people believed that an indication that their worker cared about them, was that they were inquisitive, asked lots of questions about the placement and the kinds of things that were going on in their life. They clearly articulated that specific questions needed to be asked by the CAS social worker about food, clothes, punishment, living condition and the treatment of the young person by the caregiver.

It is apparent that young people in outside purchased resources require greater contact and vigilance by their worker to monitor their care, their safety and the use of intrusive practices. The young people in these residential settings need to be asked directly about their well being. The worker serves as a support, an advocate and a prudent parent.

> *"Should be better screening of foster parents. When child says they don't like, worker should listen and take serious. Only way to get out of there was to be bad."*
>
> *"I was hurt in a restraint – never told my worker, she didn't ask, didn't think to explain bad things to her."*

F. Transition to Independence

The purpose of this section of the report is to bring forward the emerging themes resulting from interviews with those youth on ECM or independence across the three agencies. It should be noted that one of the major limitations of this section, is that many of the young people on ECM that the OCFSA sought to interview, could not be located because they were either recently evicted or their whereabouts were unknown.

Worker Contact and Relationship

> *"He is the best worker I ever had. He made things happen."*
>
> *"She sets things up and makes things flow but I try to keep her less involved because when I am 21 I will be on my own."*
>
> *"I don't have anybody. The only people I have are CAS, if they turn their back on me, I have no one. I don't think it's CAS. I think it's the worker."*

Those youth on ECM and independence identified they still had contact with their workers. As indicated earlier, youth on ECM and independence expressed that their

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worker maintained regular and frequent contact compared to youth in other forms of placements (see Table, page 41). All of the youth saw their workers at least once a month and sometimes every week. However, responses were mixed with regard to when these youth tried to initiate contact with their worker. For example, sixty-one percent (61.0%) stated it was easy to get in contact with their workers while over thirty-six percent (36.6%) expressed some difficulty. The majority of youth (87.8%) on ECM and Independence expressed the belief their worker made sure they were being cared for properly. Slightly more than eighty-two (82.9%) of the youth interviewed stated their CAS worker had seen their place of residence and a similar percentage (80.5%) felt their worker would help them if they needed assistance.

A majority of the young people interviewed stated they felt there was a person in their lives who "believed" in them "supported" them or was "on [their] side".

Preparedness for Independent Living

> "I had wanted to live on my own since 13. I had to prove to my workers and I was able to do this."
>
> "It took 2 years. Step by step. Semi-independent. Had to show I could handle it. Groceries, laundry, clean up, cooking, being responsible."
>
> "It's harder than it seems, especially when you are on your own. It also makes you mature faster because you have to fend on your own when most people can rely on their parents."
>
> "All I've been told is come December 15th I am done. No more contact, that freaks me out. It's all of the sudden. If you are in care since a baby then all of sudden you are on your own. Programs, pamphlets would help. If you are in school past 21 they should help you."

Over half (56.1%) of the young people interviewed indicated they were "very prepared" to live on their own. Several youth, as indicated in the quotes cited above, commented on the fact they had been required to prove they were ready to live on their own before being permitted to do so. It was suggested there was a greater need for pre-independence housing programs, and those who had participated in outside operated pre-independence programs felt this type of living situation should be mandatory for all youth who planned to go on ECM.

A number of youth continued to rely on their foster parents, but in many cases this arrangement was unofficial and dependent on the goodwill of the foster parent rather than something officially sanctioned by the child welfare agency. It was heartening to hear some youth had been given the message by foster parents that, "you will always have a home here" but there were also a number of youth who were saddened to learn

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they would be required to move out the place they had called home once they reached their 18th birthday.

> *"There should be an advice book on how to deal with certain situations. For example, dealing with people and banks. If the bank incorrectly gives you an NSF charge you need to be able to deal with them and get your money back, also arguing with Rogers Cable."*

A repeated theme was the need for young people to be taught to manage their money at an earlier age both through mandated savings programs and lessons in budgeting. Several young people reported they had attempted to start savings accounts at a younger age but were told either by foster parents or their workers that this was not necessary. One young person suggested the need for educating people in dealing with financial or other service institutions. Although a number of these activities may be beyond the financial means of young people at present, they are the types of skills with which a parent or close friend would typically provide assistance.

Education

> *"ECM should be extended for kids who are in school."*
>
> *"Worker tells me to save, save, save. But it's not easy with the money I get. CAS should pay at least half of tuition."*
>
> *"Not sure about university. Will it be enough?"*

There was a great deal of concern expressed by the young people interviewed that they would not or did not really have enough money to go to continue with or pursue a post secondary education. Although youth spoke about the availability of bursaries through CAS, some youth wondered if it would be possible to receive funding that would cover at least half of their tuition. A number of youth spoke about the fear of not being able to complete their education. One youth spoke about the challenges in his/her daily living interfered with the readiness and ability to attend school full time. One youth, who is currently in college, expressed concerns about the ability to continue because of funding issues as he/she "ages out" of the care system.

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Financial Limitations

> *"The overall money I get after expenses I don't really have enough for bus fare, only enough for 5-6 days of school."*
>
> *"I have to work to get all the extras because I only have enough to cover food."*
>
> *"I wish ECM would understand we are still in school, it's not enough money. You get more on welfare. Between 16-18 I had the clothes I needed."*
>
> *"They shouldn't cut you off clothing allowance. For a lot of people that really kills them, can cause people to turn to prostitution or drug dealing to make ends meet, cable and internet are expensive."*
>
> *"Just told my foster dad one day, I got to try it out. If I need anything I will call. I know the number... He said if I need to come back I can, because it will always be my home."*

It is not surprising that youth spoke about financial difficulties they experienced while living on the resources provided to them through ECM or independence. Approximately half the youth interviewed did not feel they were receiving enough money. Often, those who described no concerns about the amount received were living out of the Toronto area or had a room-mate. But even those with jobs and room-mates often felt barely able to 'scrape by' financially. Another major concern was the lack of a clothing allowance for those on ECM. Issues about clothing, housing and transportation were the most frequently mentioned.

A few youth felt the hurdle imposed by CAS in order to collect ECM assistance was too high, and because of this they had to resort to criminal activity or move to a shelter.

Living Conditions

> *"I am satisfied with the place but not my neighbourhood. Crack houses everywhere..."*
>
> *"The condition at the house was bad, no shower. Bed I slept in had fleas."*
>
> *"The building isn't sanitary, I have a roach problem, swear I saw a mouse. They don't fumigate the house. I just want to leave and start over where nothing is wrong."*

Youth were asked about their current living arrangement. Some youth respondents were not satisfied with the current place due to the location and not feeling safe. Other youth were very satisfied with their current living arrangement. A number of youth interviewed had moved frequently over the past year. Five youth had been homeless while on ECM.

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The OCFSA found it significant that a number of youth were having problems with their landlord and explained they were in the process of bringing a case forward to a "tribunal" but none of the youth in this situation were receiving assistance in this effort through their CAS. Advice and assistance on this type of matter seemed to have been more often obtained through the shelter system or other agency serving young people. Youth spoke about some of their concerns when they first became independent. One youth spoke about being placed in a rooming house at the age of fifteen and expressed concerns about safety and the inappropriateness of the residence.

Medical

Two issues raised by youth with respect to medical and dental care were that the cost of medications sometimes exceeded the amount covered by the dental plan, or youth didn't fully understand the mechanics of using the Green Shield plan or filling out the forms.

Papers and Legal documents

> *"Once a child goes into crown wardship, they [CAS] should get all of their papers."*

Approximately one third of youth interviewed (Toronto only) did not have all necessary pieces of identification. The biggest concern identified by young people was the lack of citizenship or other types of immigration documents. The OCFSA was surprised to discover this issue continued to be problematic given the media publicity in the mid-90s when a number of long term crown wards were deported soon after their 18th birthdays because they did not have citizenship status in Canada. There is an obligation on the part of the children's aid societies to ensure citizenship status has been obtained for all youth requiring it prior to leaving care.

Apprehension about the Future

> *"All I've been told is that come [birthday] I am done. No more contact. That freaks me out. It's all of a sudden. If you are in care since you are a baby then all of a sudden you are on your own."*
>
> *"I am completely petrified to turn 21..."*
>
> *"I think they should talk about what happens after 21. Need a 'heads up'."*
>
> *"I think it's scary because you have had that support your whole life. Then it is gone when you are 21, then they will give you a letter for welfare."*

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The OCFSA is concerned about the suddenness of the change for youth transitioning out of care and the expectation they begin making serious life decisions independently, without a solid foundation or preparatory life skills. Approximately one quarter (22.1%) of the young people interviewed who were currently receiving ECM support expressed apprehension about the future. The most common area of concern appeared to be the disappearance of a support system that had existed for most of the lives of many of the young people.

Youth discussed that they can still experience feelings of isolation and loneliness. Youth expressed a need for continued support that goes beyond financial support. Youth talked about how at times it can be lonely and scary and some discussed that they were not prepared to be on their own.

> *"At foster care, people were there to support you. Did not go through any problems with foster mom or foster dad. Independent living is good but sometimes you need someone to talk to, to be supportive."*
>
> *"I was scared, I wasn't prepared. I was lonely."*
>
> *"It is not easy to live without other support it is a little bad through the hard times."*
>
> *"I was forced and rushed into independence and I wasn't ready."*

DISCUSSION

The decision to conduct this review was precipitated by the findings presented in the Annual Report of the Office of the Auditor General of Ontario (2006). While the Auditor General's report reviewed 'value-for-money', many of the recommendations have impacts on the quality of care children receive. Children and youth interviewed in the OCFSA review supported many of the findings of the Auditor General's report, in particular, recommendations related to placement decisions, plans of care, extended care and maintenance agreements (ECM), foster parent training, and policies and procedures.

This quality of care review is from the perspective of children and youth who are experts of their "lived experience". Interviews of these young people took place in the residential environments in which they lived. It was the intention of this review that Advocacy Officers have the opportunity to witness first hand, the care that these young people received. Comments herein also reflect those observations.

The overall findings of this report are favourable and the OCFSA was assured by the conversations with children and youth and their care providers that the basic care provisions, in most situations, were more than satisfactory; that a wide range of engaging, meaningful programming was in place; that adherence to legislated rights was evident; that most youth felt that their worker was taking the appropriate steps to ensure that they were receiving good care; that there was someone that they could turn to for support or assistance and this was often their worker; and that the majority of young people felt that they were living in a safe place. The complexity of parenting children in the care of the state was also exemplified in the findings of this review. Child welfare agencies and the workers they employ to care for their wards face enormous challenges in a time of changing demographics and increasing public scrutiny. The three identified agencies in this review, the Children's Aid Societies of Thunder Bay, Peel, and Toronto, each confronted unique challenges, but the underlying themes remained consistent across regions. The response of the individual agencies to the challenges and the relative success of these responses varied from agency to agency. This report, however, is an integration of all three reviews and does not identify individual agency differences.

Family-like Environments

The most compelling finding in this review is the description by young people and the observations of Advocacy Officers of "being treated like family" in home like environments. The OCFSA was moved by the many stories recounted by young people of how they felt they were loved by their caregivers, how their wishes were respected, how they were given a variety of opportunities to grow and develop to their full potential and how they felt a sense of attachment and belonging. How they felt like "sons and daughters". Family like environments were achieved in both foster and group care but

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more frequently described in foster care. These findings are consistent with work by Wilson & Conroy (1999), who also found that children in residential or group care were less satisfied with their placements than were foster children.

There is extensive literature about the correlates of positive child adjustment in foster care which includes: stable and nurturing environments for the development of healthy attachments and the provision of safe and secure environments free from abuse and violence. Foster parents must attend to children's physical and mental health needs. A fairly robust body of research demonstrates that these needs can be extensive (Altshular & Gleeson, 1999; Buehler, C., Rhodes, K.W., Orme, J.G.,& Cuddeback, G. 2006; Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994; Franck, 2001; Garland, Landsverk, Hough, & Ellis-MacLeod, 1996; Glisson, 1996; Pilowsky, 1995). Placement in foster care following out of home placement is in itself an experience which confers risk for attachment difficulties. As a result of separation from the biological parents and/or experiences of inadequate care, foster children often behave as demanding or avoidant with their caregivers (Dozier, Higley, Albus & Nutter, 2002; Stovall & Dozier, 2000). Studies have focused on foster caregivers' sensitivity and nurturance as important determinants of placement success (Dozier & Sepulveda, 2004). It therefore follows that the development of a child's attachment capacity is partly or completely a function of this care giving. The link between the nature and quality of care giving and the ability to form secure attachments is important to consider. Children generalize the impact of primary attachments to other significant relationships throughout their lifespan. This attests to the need for lasting, nurturing foster placements that promote healthy relationships resembling those described by young people throughout this review. It was apparent that younger children were placed in the regular and treatment foster care homes. This offers ample opportunity for permanency in meaningful relationships that is critical for positive outcomes in the lives of these youth. The temporary notion of foster care conflicts with this reality.

One of the strongest correlates of positive child adjustment is feeling accepted and cared for by parents (Khaleque & Rohner, 2002). Unsurprisingly, then, foster children need to feel accepted and valued by their foster parents, particularly given they are likely to feel some rejection from their birthparents (Ginsberg, 1989). Again this was witnessed in the words of the children and youth participants. Furthermore, the majority of foster parents would agree that there is a need to be tolerant and accepting, even when the child is very different from other family members. Accepting foster children as their own children is not an uncommon concept in successful foster homes (Buehler et al. 2006).

Another important aspect of foster care is to shelter children from additional abuse (Shlonsky & Berrick, 2001). An abuse-free environment is a minimal condition for quality care of children who have been maltreated (Pecora & English, 1993). Because of their increased vulnerability, traumatized children require a highly stable and nurturing environment to begin to heal some of the emotional and developmental damage (Rycus & Hughes, 1998). As such, foster parents need to possess a variety of positive

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discipline strategies and non-punitive conflict resolution skills (CWLA, 1995; Buehler et al., 2006). Children who emerge from backgrounds of chaos, trauma and abuse in their family of origin have a particular vulnerability to actual or perceived adult anger in the home environment. These children are wary and hypersensitive to stressful living (Buehler et al. 2006). The findings of this review indicate a greater prevalence of the use of intrusive behavioural practices in outside paid foster care such as the use of physical restraints, searches and the calling of the police. These practices can be perceived by children as threatening, punitive, non-accepting and highly conflictual. Forms of bullying and peer violence were also more frequent in these settings. These factors may account for the greater frequency of children running from care in outside paid foster resources. These behavioural management practices and levels of peer conflict are rarely evident in other forms of foster care.

The OCFSA was struck by the level of deep commitment and genuine caring that foster parents demonstrated for their foster children. Most children and youth appeared to long for this type of care with hopes of belonging to a nurturing family. Opportunity for these young people to fulfill this ideal is limited to the number of families available to provide this role. The Foster Parent Association of Ontario (FPAO) spoke of the need for additional supports and resources in order to attract and retain foster parents. These supports were consistent with what one might expect for any prudent parent (correspondence, June, 2007):

- Basic foster parent training
- Additional child and youth work supports for children with troublesome behaviours
- Financial support for specialized resources for children with complex needs
- Respectful and informed relationships with agency services and resources
- Better and more timely access to specialized services for children with complex needs
- In home and after hour support
- Education about the specialized needs of children
- Financial parity across the province
- Peer support opportunities

Society has a special responsibility to children in state care and the fulfillment of this responsibility is dependent on the ability of society to acknowledge and embrace these children as their own sons and daughters. A reframing of this responsibility is required to promote that the necessary supports and resources flow to foster families as it would in any family context. As good parents, we make every effort to wrap care and supports around our children. We do not simply make efforts to meet our children's basic needs or to do only what is economically feasible. We make every effort to provide what is in our child's best interest. We seek family and community supports to educate, train and mentor us to be the best that we can possibly be as parents. We know our children well so we can anticipate and advocate for their needs and their wishes. Inviting foster parents to care for our sons and daughters introduces an obligation to provide them with

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the necessary resources and tools to do the job to our satisfaction. A campaign, founded on the same values and principles that we apply to the development and wellbeing of our own sons and daughters, needs to be directed to recruit and retain foster parents.

As indicated previously, children coming into care present with an increasingly greater complexity of needs. They often have neuro-developmental disorders, medical complexity, and cognitive impairments. It has been acknowledged that deprivation and chaotic family lifestyles contribute to a host of neuro-psychiatric problems that culminate in more extreme behaviours on the part of the child. For these reasons, it is not surprising that the literature repeatedly reports that foster children have higher rates of mental health concerns than community children.

To address these complex needs and maintain a family-like environment, Treatment Foster Care (TFC) has evolved as a promising model of practice. It offers a distinct, powerful, and unique model of care that provides children with a combination of the best elements of traditional foster care and residential treatment centers. In TFC, the positive aspects of the nurturing and therapeutic family environment are combined with active and structured treatment. Treatment Foster Programs provide individualized and intensive treatment for children and adolescents who would otherwise be placed in institutional settings.

In general TFC is a growing response to the needs of children in residential care who have experienced trauma, neglect, abandonment, and whose consequent behaviour has led to multiple placements. It was demonstrated in a detailed review of the Tri-CAS TFC (Durham, Kawartha/Halitburton and Northumberland) that prior to coming to TFC, children had experienced an average of 4 placement breakdowns. Each of the previous placements had been an average of 10 months in duration. Now over eighty percent (80.0%) of the children grow up in the home they were first placed with no subsequent moves. The primary goals of the Treatment Foster Care Program are to offer children an emotional sanctuary in a therapeutic milieu that wraps support around the home. The parent therapists (foster parents) receive training in cutting edge workshops on a regular basis. TFC is considered successful because "the philosophy encompasses normalization as a treatment principal and in the power of family living as a normalizing influence" and in the belief of the important role kinship plays in the formation of identity and self-worth in the relationships which impact a sense of family belonging to children and youth (FFTA, Program Standards for Treatment Foster Care, 2004).

Chamberlain (1998) concluded that evaluations of TFC have found the model to be more cost effective than group care options. Group care cost 6.6 times what a child in foster care cost and more than twice what a child in treatment foster care costs. In the Tri-CAS Treatment Care Pilot Project Evaluation Study, in 1992, it was demonstrated that the Program was able to provide service at a significantly reduced cost to other forms of residential care. Today, TFC report the cost in care is $124.05 per day per child compared to $225.00- $250.00 per day for outside purchased group care.

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A number of studies have shown that parents or other adults can play a strong role in the development and socialization of at-risk adolescents (Dishion & Andrews, 1995; Borduin C.M, 1995). Specific parental processes, such as providing good supervision (Laub & Sampson, 1993), consistent discipline (Capaldi, Chamberlain, &Patterson, 1997), and adult support and mentoring (Werner & Smith, 1992), have been shown to have a positive effect on adolescent adjustment and functioning. TFC creates opportunities for youth to successfully live in families rather than in group or institutional settings, and to simultaneously prepare their parents (or other long-term placement) to provide youth with effective parenting. This has resulted in successful outcomes for adolescents who are typically excluded from a family-like environment. The findings of this review illustrated that as youth approach adolescence, there is a higher probability of being placed in group care.

Phillip Howe, the Etobicoke Branch Director for the Children's Aid Society of Toronto reiterates that "our community based branches are now organized in a way to provide specialized services to adolescents. Our practice experience is certainly congruent with the findings of your interviews around the advantages of foster care over group care for teens. Teenagers usually respond better to family type living environments, and frequently find the structure and intrusiveness of group homes overwhelming. For the most part, group home placements are located outside of the city and this physical estrangement from their families and communities further stresses these youth.

We have had many examples of very challenging adolescents actually stabilizing as the level of structure is reduced and they are placed in family type settings. Our adolescent programs as well as other agency initiatives have resulted in a reduction of group care placements for teens of approximately twenty percent (20.0%) between 2004 and 2006. As you know, this kind of approach is widely supported in the literature as being effective, but is difficult to implement because of the scarcity of foster homes and kinship families willing to accept teenagers into their homes" (Personal correspondence, June, 2007).

Treatment foster care is recommended as a viable option for children and youth with complex needs. It addresses the preference voiced by young persons to live in a family-like environment; normalizes out of home care and in so doing reduces the stigma attached to group care options; provides therapeutic supports for youth with histories of trauma and attachment disruptions; provides the requisite supports to foster parents as described by the foster parent association (FPAO) and is cost effective.

Finally, an additional foster care model that has the potential for promising outcomes is Kinship Care. Only one of the three agencies had developed this as an option at the time of the review. Comments herein are therefore based on a review of relevant documents and research.

In January of this year, the Government of Ontario announced that grandparents, extended family members and community members who care for children in need of

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protection may now be eligible for financial support and services. There has been significant research comparing kinship care to other forms of care. However, measuring the success of kinship foster care is difficult and cannot be realistic until kinship providers are offered the same services, training, and reimbursement as foster parents. The literature indicates that placement with kin has advantages over foster care. Kinship care maintains family ties with relatives who provide a familiar environment lessening the trauma of separation from birth parents, and placement with relatives builds upon existing bonds (Crumbley & Little, 1997; Iglehart, 1994; Ingram, 1996 cited in Messing 2006). Children placed with relatives are more likely to have contact with birth parents than are children in traditional foster care (Berrick , Barth & Needle, 1994; Crumbley & Little, 1997; Dubowitz, Feigelman, & Zuravin, 1994) and kinship homes have also been described as more family-like and more informal (Berrick et al., 1994; Davis, Landsverk, Newton, & Ganger, 1996, cited in Messing 2006).

Children in kinship care typically have experienced fewer previous out-of-home placements and have maintained closer contact with birth parents than other foster children (Berrick et al., 1994; Iglehart, 1994). In general, kinship placements tend to be more stable and longer-lasting than non-relative placements, and they have a lower rate of reunification with biological parents (Berrick et al., 1994; Courtney, 2001; Iglehart, 1994, cited in Keller , Wetherbee, Le Prohn, Payne, Sim & Lamont, 2001).

The transition to foster care may be less traumatic when children are placed with family members they know (CWLA, 1994). Placement with kin may be more voluntary and more acceptable to both the foster children and their parents, in which case the reality of foster care may be a less emotionally charged issue. Also, the child in kinship care may be less stigmatized by peers than the traditional foster child (Keller et al. 2001). Finally, kinship care is commonly a more stable care arrangement than non-relative care. On average, children experience fewer foster placements before and after entering kinship care (Berrick et al., 1994, Keller et al. 2001).

There are apparent advantages to kinship care but this model requires further development to ensure that equivalent resources and safeguards are in place to ensure the well being of the child and the quality of care.

Institutional Environments

Institutional environments were rarely identified as the preferred type of placement by youth. It was often group care that exemplified this type of milieu. Group care was in many situations likened to custody with a lack of meaningful activity, intolerant or disrespectful staff-youth relationships, rigidity of rules, the over use of intrusive measures such as physical restraints, locked rooms, the removal of possessions, searches and calls to the police. The frequency of peer violence and bullying was more prevalent and youth ran away from group care more frequently as well.

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Group home care is a staff model residence where three or more children not of common parentage reside. The *Child and Family Services Act* describes a staff model residence as "a building, group of buildings or part of a building where adult persons are employed to provide care for children on the basis of scheduled periods of duty." Group homes are required to be licensed by the Ministry of Children and Youth Services under the *Child and Family Services Act* (*CFSA*) which means they must meet the minimum standards of the *CFSA*. The quality of care and programming provided is left to individual agencies/residences to develop and implement. The Office of Child and Family Service Advocacy has previously stated the need for a regulatory body in the province of Ontario to develop and enforce standards of care for children and youth in residential settings (OCFSA Guidelines for Standards of Care in Residential Settings, April 30, 2004). To date this has not occurred.

The OCFSA received 640 calls in 2006/07 from young people living in group homes who were concerned about their situation or, felt their rights had been violated. The majority of calls identified issues about staff and youth interaction, youth disputing the consequences given to youth by staff, and concerns about the standard of care in the group home. These calls for advocacy intervention reinforce the comments of young people in this review.

Furthermore, significant concerns about group care have been substantiated through interviews the OCFSA conducted with judges, Crowns, lawyers and Justices of the Peace over the past year in the course of other related advocacy activity. Analogous to the comments of youth, these professionals question the wisdom of placing six or more youth with highly challenging behavioural profiles such as; mental health problems, fetal alcohol syndrome, acting out and self-destructive behaviours, together in the same group home. Justice D.M. Nicholas summarized well when she said "it is virtually impossible to sit in this court and not see that this model doesn't work for some of these kids. Most often, it doesn't work, in my view, for the ones who are away from any sense of belonging, family, or roots. We put them all together and its chaos (R.v G.A., August 08, 2006)."

Noteworthy concerns germane to this discussion are: placement decisions, punitive environments and staffing expectations, the use of court/police for behavioural management and running behaviour.

Placement Decisions

> "You cannot uproot teenagers and move them clear across the province, they do not want to be in group homes to begin with let alone one that is hundreds of miles from any sense of belonging family that they have' (R. v C.F., Dec. 20, 2006). 'You cannot sit in this court and not see that this model doesn't work for some of these kids. Most often, it doesn't work for the ones who are away from any sense of belonging family or roots (R. v G.A., August 08, 2006)."

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It was identified numerous times that young people coming before the courts of Ontario had been placed hundreds of miles away from their home communities. While it is well documented that some areas of the province are under resourced, it was reported that many of the children in these examples were originally from the Greater Toronto Area (GTA). This was the experience of Advocacy Officers who travelled extensively throughout southern Ontario to visit and interview children and young people who were originally from the Peel and Toronto areas. As illustrated in the findings, this was troublesome for many young people who felt isolated from family. Concern was raised by one judge that children were being transferred "out of region to a place where they had no roots, family or school ties and the CAS [in the home community] plays no role in the on-going supervision of the group home… there is absolutely no reason that a 15 year old should be in this community when [they have] no ties, no connection and the legal guardian is hundreds of miles away." Consistent and regular access to the social worker was a critical safeguard identified by young people in this review. Contact however was less frequent for youth placed in group care which was often outside the catchment area of the placing child welfare agency. These young people, in fact, require the greatest vigilance and support.

Punitive Environments and Staffing Expectations

Some group homes are viewed as equivalent to being custody. In a youth court transcript of the Reasons for Judgement (R. vs S.M., June 2, 2006) it states "one staff member could not explain the difference between an open custody facility and the way their group home was run. The residents, who are Crown wards through no choice of their own, cannot leave the residence without permission, cannot use the phone without permission, cannot go into the bedroom of their 'peers', cannot go out for a smoke together in order to prevent them talking, gossiping amongst themselves, setting things up. Youth are on a behavioural level system and have to earn the right to have free time in the community. The telephone is locked in the staff office so access is restricted and they have no access to a computer. Every aspect of a young person's life in a group home is regulated and controlled; not by family or legal guardians, but by underpaid staff." Most compelling is the fact that young people in group homes have said they "grow up without love."

Typically staff in group care settings, considered to be institutional, are young, poorly paid with limited training and insufficient supervision. They often lack the professional qualifications, experience and the judgement required to assume the task of managing the range of behaviours and circumstances in group care. They rarely have the skills to know and understand the young people in their charge. They will resort to intrusive strategies to exert control over the environment if they lack confidence in their ability to manage behaviours (Finlay & Snow 2005). Intrusive behaviour strategies such as the use of physical restraints, routine searches of possessions and person and the removal of personal possessions is punitive and more consistent with a correctional ideology than therapeutic care. Staff modelled aggression contributes to bullying and peer

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aggression (Finlay & Snow, 2005). The language used in these types of environments is symbolic of the culture that it embodies. For example: "bagging the room", AWOL, discharged, "pat down", "secured', shift change, lock down, intake are all examples of the language that is a powerful part of an institutional culture. Behaviour is the language of adolescence (Meen, 2006). The behaviour of youth replicates the expectations of that austere, correctional culture.

The Use of the Police and Courts for Purpose of Behavioural Management

The type of intrusive behaviour management practices described above has the potential to escalate the situation, sometimes resulting in a call to police. It is well documented in police and court records that group home staff do call the police for the purpose of behaviour management. Police records were reviewed for a sample of the group homes (34) in the GTA that were visited by Advocacy Officers during this review. The number of calls to the police that resulted in a police presence at the group home ranged from 2 to 348 calls with a total of 3012 calls for a one year time period (January–December 2006). The average number of calls per group home was 89. The majority of calls were staff initiated and related to an incident of a youth leaving the premises without permission. Conditions imposed on youth living in group homes are unrealistic (curfew, community freedom) and often lead to non compliance on the part of youth. This precipitated police and/or court involvement. Invocation of the law in many of these circumstances is punitive and an ineffective, costly behaviour management strategy. Neither the guardian nor the care provider was able to clarify for the OCFSA the policy rationale that justified such routine action on the part of some care providers. Noteworthy is the fact that many group care providers avoided the use of the police and successfully used other more appropriate de-escalation options. There was no apparent difference in the client group served by these agencies. Therefore the use of police was symbolic of ineffective or uninformed staff practices. Again, members of the judicial system rail against the punitive practice of involving police in the management of group care. The police service cannot be viewed as a social service or correctional response to manage the behaviours of young people. There were situations however, which involved self harm or threats that necessitated calls to the police. Critical incidents like these require an immediate crisis response from the police. The inappropriate overuse of police services may de-sensitize them to the urgency of more critical circumstances.

> "If you live at your home, and you have two or three teenagers in the house and one of them threatens to kill the other, which happens on a daily basis, I'm sure, in every suburb in this city where there are teenage children, the police don't get called. If a child who lives at home with his or her parents 'throws a cup of coffee at someone in an argument at home, they're not charged with assault with a weapon. But, in a group home that's what happens. They're here (youth court) on a daily basis, charged. It's always the same thing: threatening, assaults, AWOL, breaching curfew. It's always the same thing (R. v G.A., August 08, 2006)."

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The problem is compounded by the fact that "Children that are in group homes where very often the group homes are calling the police for whatever reason, the children are charged, the children are put on conditions. They are being brought to court by the very persons who have laid the charge against them. It offends every principle of sentencing that in every case where there are co-accused there is a condition not to associate with the co-accused. We completely ignore that for group home kids, we put them right back in the situation which is the genesis of the problem (R. v. B.W., December 20, 2006)".

As suggested above, parents looking out for the best interests of their child would not look to the police and/or courts for solutions. The implication of police cruisers and police officers arriving almost on a daily basis to some group care sites would be highly intrusive for all those young people who consider the residential setting as their home. It diminishes the ability to perceive the group home as "family-like".

Running Behaviour

Although the incidence of running away was very troubling throughout the child welfare review, the findings did not generate a comprehensive understanding of the factors that contributed to this frequency. The ongoing advocacy activity and the focus groups conducted by the OCFSA with regard to running behaviour, offers a context to the findings of the review. Relevant literature was also examined to inform this discussion.

Concerns from youth regarding practices and policies in residential settings pertaining to youth who run away were brought to the attention of the OCFSA over the past number of years. Based on these discussions with young people, the OCFSA was concerned about the well being of youth who run away to unsafe situations. OCFSA sought to understand why youth would run away, the push and pull factors that contributed to their running, unsuccessful strategies by staff to prevent running, risks youth encountered while they were on the run and strategies to be used to deter future running behaviour. In 2006, the (OCFSA) conducted six focus groups with youth in residential settings in Ontario with the primary purpose of capturing their experiences of running away.

Youth in care can describe many reasons why they run away. The motivation is unique to each individual. However, researchers have suggested that the reasons for running away may be classified as either 'push' or 'pull' factors (Biehal & Wade, 2000; Finkelstein, Wamsley, Currie, & Miranda, 2004., Miller, Eggertson-Tacon, & Quigg, 1990). Push factors are those which drive youth to leave and are generally related to environmental factors in their placements; whereas pull factors are influences outside of their placements that draw youth to leave in order to go to something or someone.

Finkelstein and colleagues study (2004) elaborates on a number of push factors. The youth they interviewed cited boredom with their placement and a lack of programming as reasons why they run away. Youth also stated that they run away when they feel

they are inappropriately placed, not receiving proper treatment or have little or no independence programming.

One of the greatest pull factors causing youth to run away from residential placements is the desire to see family and friends (Biehel & Wade, 2000; Finkelstein et al., 2004). Peer pressure is a factor for some youth; other youth who are planning to run away encourage friends in the residence to accompany them (Finkelstein et al., 2004; Miller et al., 1990).

It is also important to highlight the risks that face youth who run away. Although it is suggested that youth who run from care are more likely to stay with friends and family than on the street, many youth are exposed to various types of risk, including sexual assault or exploitation, violence, substance abuse, and criminal offences (Biehal & Wade, 1999, 2000; Child Welfare League, 2004; Finkelstein et al., 2004; Miller et al., 1990). Although the majority of youth who run away were found to be older than thirteen, Biehal & Wade (1999, 2000) found that the younger children who run away are often at greater risk during the time they are out, even though the duration of their absences are shorter. There is no pattern or method of running away that is correlated to particular types of risk exposure. Research findings indicate that there is also very little correlation between the frequency with which youth run away and the type of risk youth may be exposed to in any specific incident (Child Welfare League, 2004; Finkelstein et al., 2004). Biehal & Wade (1999) conclude that because there is no associated pattern to risk, each absence should be treated as equally concerning, no matter how many times the youth has run away or the particular combination of push or pull factors involved in the specific incident.

The OCFSA heard from both youth and staff about the importance of engaging youth in decisions made about them including programming and treatment planning. Youth who feel cared for and listened to by staff feel more understood and have a greater sense of attachment (Kurtz, Lindsey, Jarvis & Nackerud, 2000). These factors counter the 'push' to freedom with a 'pull' to a caring, safe and interesting place to live.

Youth complained that the expectations of their residence were restrictive and it did not feel like 'home'. Some of the youth interviewed by Finkelstein et al. (2004) and by Biehal & Wade (2000) identified difficulty adjusting to a more structured environment as the reason they ran away. Incidences of running away can be more acute in residential settings that restrict access to the outside or require youth to be under constant supervision (Finkelstein et al., 2004). Many youth in the current review spoke about feeling that staff were intrusive and stressed the importance of having time in the community to feel a greater sense of autonomy.

Unrealistic or unfair rules were common responses to the question about why youth run away. Studies have shown that in the early adolescent years, youths' attitudes towards rules and authority become progressively more unfavourable (Levy, 2001). It has been suggested that the more involvement an adolescent has in the process of establishing

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the rules, the more they will abide by them (de Winter & Noom, 2003). Rules that youth could participate in setting include those related to consequences, incentives such as curfews, recreation and community activity. As an example, many residential settings consider breaking curfew to be a form of running away. Many youth would prefer that returning late be treated differently with alternative consequences. Research has shown that youth's obedience to rules is more likely an internal acceptance of the rules rather than a compliant response to authority (Levy, 2001; Smetana, 1988 cited in Finkelstein et al.).

Youth spoke of conflictual relationships with staff and viewed some staff as rigid and inflexible in their approach. Biehal & Wade (2000) concluded that homes with a high rate of youth running away were often characterized by little leadership from senior staff, low staff morale, & a sense of helplessness in staff's ability to protect residents or have control over youths' behaviour. This echoes the experience of the OCFSA & this review. Those homes that have low levels of runaway youth were noted to have strong leadership, a clear sense of purpose, & high staff motivation for negotiating boundaries with the youth (Biehal & Wade, 2000).This highlights the importance of building positive relationships between staff & youth.

Ensuring the safety of youth & monitoring peer on peer interactions needs to be a constant focus in residential settings. Teasing was mentioned as a reason for running behaviour. Feeling unsafe due to bullying, stealing, fighting, physical abuse, sexual misconduct & racial harassment were further reasons cited by the youth in a study by Finkelstein et al.'s (2004). Youth who are vulnerable to harassment by peers need to be identified to ensure they are provided with additional staff supervision & support to ensure their safety. Programs should focus on anti-bullying strategies to deter this behaviour.

When youth were asked about the response of the group home staff once they returned from running away, they explained that they received consequences which included loss of community time, loss of points or levels, and the removal of personal property. None of the youth spoke about a debriefing with staff or any form of counselling upon return from running away. Research has demonstrated that youth benefit more from a caring, sensitive response from staff that reflects concern rather than a punitive approach (Biehal & Wade, 1998; Finkelstein et al., 2004; Vollmer, 2005). Vollmer (2005) described his experience in a residential group home as follows: "repression, punishment, & consequences for those who acted up & privileges for those who superficially performed well characterized our daily living" (p.178). Some punitive measures can actually be counterproductive & reinforce negative behaviours (Biehal & Wade, 2000; Finkelstein et al., 2004). This is reflected in the comment of a youth who spoke about consequences making it worse. Nonetheless, some behaviour management strategies can be effective if they focus in the short term on managing risk & in the long term, through a supportive & positive approach, on helping youth learn skills to manage their own behaviour. A combination of strategies including debriefing, counselling, activities, rewards and consequences (e.g. loss of community time for a

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short period of time) may be effective (Finkelstein et al., 2004; VanderVan, 1998) Communication is also very important. There must be coordination and communication among all parties involved with the youth (Biehal & Wade, 1999; Miller et al., 1990, de Winter & Noom, 2003). By having an open dialogue with youth, they feel their needs are being heard and that they have a say in their treatment. The form of intervention employed must take the youth's perspective into consideration if it is to be effective (Maier, 1987; Miller et al. 1990).

Youth offered a number of suggestions about effective means of preventing and intervening in attempts to run away. Their recommendations for intervention included: staff attempting to de-escalate youth, suggesting alternatives, and providing opportunities for the youth to take walks in order to calm down. Prevention strategies suggested by the youth include: increased access to the community, achievable goals for earning increases in levels and privileges, curfew times appropriate to the age of the youth, increased contact with their families, and input into decision-making. They want workers to be honest with them and follow through on their commitments. Youth also spoke to the importance of developing staff's listening skills so that youth have the sense they are being heard. Being treated with respect and dignity in an environment in which youth feel cared for is also extremely important (Krueger, 2000; Maier, 1987). Staff whom the Advocates spoke with had similar suggestions which focused on teaching alternatives to running away, strategies for empowering the youth, counselling, ensuring safety and determining the risk factors for individual youth. Staff highlighted the importance of individual assessments to ensure that appropriate resources are accessed to address youths' needs. Staff interviewed also spoke of the need to assess the suitability of the placement for youth who chronically run away. One of the ways agencies respond to the issue is by trying to find more appropriate placements for these youth, either to provide more structured and therapeutic settings for them or to work towards returning the youth to their homes.

In summary, the experience of the OCFSA and the research evidence echoes the words of the young people who participated in this child welfare review. Effective practice options are identified consistently by both youth and staff and need to become the standardized expectation in all care settings.

Adolescence

The mean age for young people interviewed was 13.2 years. This is relatively consistent with the mean age of children and youth in care in Ontario according to reports completed during crown ward reviews by the provincial government. Indeed sixty percent (60.0%) of the young people interviewed were adolescents. In view of the fact that the majority of young people in care are adolescents, it is expected that supports, services, programs, care milieus, intervention strategies, communication and personal interactions are geared to the unique developmental needs of this age population.

Because of their age, immaturity and stage of development, adolescents require a unique interpretation by adults of who they are and who they can become. Their struggle to attain a sense of mastery over their environment, a sense of personal authority and a developing self identity influence their relationships with their peers and challenge their relationships with adults (Stone, 2002). Adolescents have an immaturity in their understanding of social relationships, the rules of social discourse and social subtleties. Their needs are often egocentric and they constantly seek opportunities for activity (Felson & Hayne, 2002). Risk-taking behaviours, susceptibility to peer influence, a temporal perspective, rebellion against authority and limited moral reasoning are normative for adolescents. Fortunately, most adolescent acting-out behaviour that may bring them in conflict with adult care providers is transient (Sprott & Doob, 2005). Adolescents, due to their exigent developmental needs, are dependent on their parents and other caregivers for protection, routine and structure to their daily life, guidance and role modeling (Finlay & Snow, 2005).

As has been repeated throughout this review, emotional or behavioural problems that may interfere with normal development are often evident with youth in care (Atkins, Pumariega, Rogers, Montgomery, Nybro, Jeffers & Sease, 1999 ; Bullis & Yovanoff, 2005; Jonson-Reid, Williams & Webster, 2001; Ulzen & Hamilton, 1998). Histories of trauma and abuse predispose youth in care to a delayed capacity for understanding and decision-making and to consequently exhibit troubling behaviours (Dimond & Misch, 2002; Dimond, Misch & Goldberg, 2001; Gover, 2004).

Canadian researchers are currently involved in the study of brain development in the early years of a child's life and more recently in late childhood. Jay Giedd (1999) from McGill University is one such researcher. The first three years of a child's life was thought to be the most significant time period in the process of brain development but recent scientific examination suggests that brain growth continues into adolescence. Noteworthy, Giedd and his fellow researchers' findings pin pointed growth activity in the prefrontal cortex, the area of the brain responsible for controlling planning and strategizing, working memory, organization, judgements and modulating mood. As the prefrontal cortex matures, adolescents are able to make better judgements, reason better and develop better impulse control. Giedd states: "we now know that the adolescent brain undergoes a massive remodelling of its basic structure, in areas that affect everything from logic and language to impulses and intuition" (conversation, May, 2007). Research highlights that while growth occurs at this later stage, it is also at this stage the brain consolidates learning and begins to prune back those information/learning connections that have not received reinforcement. It is best understood as "the use it or lose it principle". Giedd indicates that the activities, connections and/or learning that a young person is engaged in will be hardwired into their brain. It is this time of adolescence that holds so much promise and yet so much risk. It is commonly accepted that the immaturity of the prefrontal cortex at least partially explains adolescence risk taking behaviour.

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At this crucial juncture, the adolescent brain prepares for adulthood. The adolescent begins to "specialize" by defining their interests, their sense of self and the skills at which they are proficient. Adolescence is the time for considering major life choices. With the brain not fully developed and vulnerable to intrusions, risk taking behaviour such as the use of drugs and alcohol could have both momentary and life long effects. Adolescents are limited in their capacity to consider all the options and instead make poor decisions with the limited options they are faced with (Strauch, 2004).

Another area of the brain, the corpus callosum, is also identified as not being fully matured until late adolescence or early adulthood. This part of the brain is involved in creativity, higher thinking and problem solving and is thought to be particularly susceptible to the environment influences. Dynamic changes take place in the corpus callosu.n during adolescence.

Overall, young people "do not achieve adult levels of organizational skills or decision-making before their brains are finished being built" (Giedd, 2007). It is imperative that thoughtful consideration be given to the current knowledge and understanding of adolescent development when caring for youth in state care to ensure positive outcomes in the lives of these youth.

Finally, entry into adulthood, marked by marriage and parenthood, is delayed in modern society (Arnett, 2000). Adolescents today have more prolonged periods of identity exploration and testing of adult social roles. This period of "emerging adulthood" is tumultuous, with frequent changes in place of residence that may result in a return to the family home. Unstable relationships and risk-taking behaviour also peak at this stage of development. Adolescence is essentially extended into early to mid-twenties. This prolonged maturational process has been shaped by recent and current social, economic and political influences. The transition from adolescence to adulthood is turbulent and if confounded with multiple individual and family risk factors, the young person may have difficulty navigating his world. It behoves care providers to accommodate these societal trends in their planning for young people in state care.

In summary, adolescents represent the largest proportion of children and youth in state care. The review has underscored the youth respondent's desire to live in a family-like environment into their adolescence. Research evidence supports this contention. The placing of adolescents in institutional environments that lack meaningful activity and facilitate intolerant or disrespectful staff-youth relationships, rigidity of rules and the over use of intrusive measures is unacceptable given the current evidence about adolescent developmental needs. This reverberates powerfully throughout this review through the words of youth.

Youth in Preparation for Independence

The transition to adulthood is experienced by many adolescents in our society as a difficult and stressful time. The literature and the experience of young people demonstrate that this is compounded for youth in care, who often leave the child welfare system not yet ready and indeed fearful of living their lives independently.

Successful transition to adulthood places many demands on a young person's relationships with significant adults in their lives. Current policies and practices for youth leaving care make it difficult for these demands to be met. For many youth entering adulthood, this transitional phase is accompanied with love, financial and emotional support, and encouragement from parents, extended family and friends. Some young people are able to turn to their sustained and dependable circle of support, in a vast number of different ways, from birth through to adulthood. Continuing to rely on familial supports into adulthood is becoming more commonplace in Canada and other countries (Dworsky, 2005; Lemon, Hines & Merdinger, 2005; Reid & Dudding, 2006). Youth leaving the care of child welfare agencies, however, who are usually between the ages of 18 and 21, must adapt to this transition quickly: their access to financial and emotional support ends when their access to care is terminated.

The UN Charter on the Rights of the Child guarantees all children the right to a standard of living that meets their individual development (Article 27) (Farris-Manning & Zandstra, 2003) – which does not seem to be provided to youth who are involved with Children's Aid Societies. In fact, it could be easily demonstrated that the 'individual developmental' needs of young people who are involved in child welfare systems tend to be greater than those of the general population and should be responded to accordingly. The history of trauma, abuse and chaotic circumstances would indicate the need for additional assistance, as compared with the general population of young people not in care.

> Children who are emancipated from the foster care system face many additional challenges that children who are emancipated from their own homes do not encounter. They lack family support and encouragement, and resources, and are often isolated from a community. These are young adults who were abused or neglected as children and carry with them the emotional and psychological scars of the trauma. Children who grow up in foster care express the need for social workers and foster parents to provide them with more life skills and resources before leaving foster care (Scannapieco, Schagrin, & Scannapieco, 1995, p. 388, citing Barth, 1990).

And yet, in the context of these personal historical circumstances, these particular youth are not given additional supports as compared to their peers. They are given less than what is commonly provided and are expected to lead an independent adult life immediately following the termination of previously supportive relationships and financial support (Tweddle, 2005).

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As discussed earlier, the process of becoming an adult is often marked by great stress, anxiety, worry and fear, and young people who have been in care must adapt in a very short period of time. The process of leaving care forces youth into a seemingly impossible situation in which they are expected to cope with "fewer internal and external resources than their peers" (Rutman, Hubberstey, Barlow & Brown, 2005, p. 4). Manitoba's Child Advocate Billie Schibler describes this arduous process:

> Research has shown this population of youth is disconnected from the family & community supports that other young adults enjoy well beyond the age of 18.... Only in the child welfare system do we systematically force children to leave their homes & support system at 18. Leaving care, they are already vulnerable, poorly prepared for the challenges of living on their own & at high risk of becoming victims again & again (cited in the Manitoba Child Advocate's Press Release, 2007, p. 1).

Sadly, Schibler's concerns are supported by research that demonstrates the impact of leaving care.

The literature on outcomes for youth leaving care in the Canadian child welfare system paints a dismal & disturbing picture. Themes in existent research include finding youth who have left care under *status quo* policies & practices to be less likely to finish high school or high school equivalency, & more likely to: self-harm, consider suicide, experience depression, parent at a younger age, receive social assistance, experience homelessness, be gang-involved, experience sexual exploitation, have mental health problems, struggle with substance abuse, experience unemployment or underemployment, & be incarcerated or have some involvement with the criminal justice system (Dworsky, 2005; Hahn, 1994; Hines, Merdinger, & Wyatt, 2005; Lemon, Hines & Merdinger, 2005; Manitoba Advocate Press Release, 2007; OACAS, 2006; Reid & Dudding, 2006; Rutman, Hubberstey, Barlow & Brown, 2005; Scannapieco, Schagrin & Scannapiego, 1995; Schibler, 2006; & Tweddle, 2005). One research study also found that youth leaving care lacked the knowledge and know-how of practical everyday life skills such as "grocery shopping, meal planning, budgeting, searching for and finding safe housing, decision-making and self advocacy" (Rutman et al., 2005). It is patently clear that we as a society are not affording youth who are involved with child welfare agencies the same support and possibilities that are commonly available to their peers.

According to the 'Transition to Adulthood Policy and Program Design Framework Briefing for the Minister', a document developed by the Office of the Child Welfare Secretariat (2006), there is "currently no comprehensive policy regarding youth aging out of care in Ontario" (p. 3). When crown wardship expires, at the age of 18 or marriage, the youth's Children's Aid Society may or may not continue to provide extended care and maintenance (ECM) until the age of 21. According to this document, ECM is primarily concerned with two areas – Goals and Finances:

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1) "It should set out clear conditions for the youth related to specific goals and responsibilities, including attendance in school or vocational programs"...
2) "In 1994 the ministry set a minimum living allowance for youth on ECM at $663/month to cover basic living expenses such as rent, food, clothing, utilities. Ministry policy permitted support for additional expenses such as dental and health care costs and travel related to school/training" (p. 5).

Some individual Societies take it upon themselves to continue support past the age of 21 in specific case situations, or to provide additional funding and services based on the youth's needs and circumstances. Indeed, there are pockets of exceptional practice throughout the province that demonstrate particular Societies deep concern for these youth and their desire to ameliorate these circumstances. However, it is up to the discretion of a particular agency and the youth's worker, as to whether a youth receives these services. Furthermore, Children's Aid Societies do not receive additional funds from the government to offer these services. The money comes from their existing resources. Currently, there is no comprehensive policy in place regarding Crown Wards aging out of care, and the utter lack of funding earmarked for this purpose suggests that this is not a priority for the government. According to the literature cited above, the predictable long-term consequences for tax payers is increased spending in areas such as welfare, criminal justice, health and mental health.

The Child Welfare Secretariat (2006) has identified education, housing, preparation for independence and youth justice as areas that influence key outcomes for youth leaving care. As such, the government is currently targeting these areas for future policy development and financial support.

Extensive literature, recent studies and dialogues with groups of youth from care uniformly conclude that there are three areas that need addressing if youth are to be successful as they transition from care: resources, connections and voice. Voice has been a key theme that has been woven throughout this report. Resources and connection however need further clarification.

Resources

As the findings indicate, young people living independently stressed education, living conditions, financial limitations and preparedness as areas of greatest concern with regard to resources.

Housing is a problem for youth from care. Following discharge, youth experience a great deal of disruption in their housing situations. Frequent moves are prevalent, with many youth experiencing nights without a place to sleep. Disruption in housing is merely an indicator of the larger problem of an overall lack of stability (Cook, 1994).

One area that many Children's Aid Societies appear to provide is life skills training, although it is noted above that there is an inconsistency in the quality of these services

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(Child Welfare Secretariat, 2006, p. 7). The literature suggests that the development of both "tangible or hard skills (concrete) and intangible or soft skills (cognitive)" is strongly associated with successful outcomes for youth leaving care (Iglehart, 1994, p. 160).

> "Successful preparation of foster care youths for independence hinges upon the acquisition by teens of both hard and soft basic living skills. Hard skills pertain to meeting specific independent living needs such as employment, housing, and home management. Soft skills focus more upon an individual's development of self-esteem and other personal abilities" (Hahn, 1994, p. 172, citing Pine, Kreiger, & Maluccio, 1990).

Notably, the literature stresses that formal skills training alone is not sufficient for the actual development and implementation of these skills. Providing youth with job training, for example, without giving them the opportunity for successfully acquiring employment is not enough. One author argues that while training should form a major part of any government initiative supporting youth leaving care, employment opportunities and "subsidized job placements, while foster youth are still in care" should be another fundamental element of policy and practice, if it is to be successful (Dworsky, 2005, p.1112). Iglehart (1994) supports these findings, arguing that skills-training is only one element of supporting youth to becoming employed. Work is a fundamental piece of a youth successfully transitioning into adulthood "because it teaches discipline and personal responsibility; creates a sense of social identification and status; and constitutes a source of meaningful life experiences.... the empowering effects of employment cannot be overstated" (Iglehart, 1994, p. 167, citing the National Commission of Youth, 1980, p. 80). It appears that education and employment represent critical areas that affect an adolescent's transition to independence and adulthood. Those youth from care with a (Iglehart 1994, 160) sound educational base and employment history may be better equipped for independent living (Iglehart 1994, 161).

Connections

There are a host of forms of support that youth require for a successful transition to adulthood. Although the acquisition of certain skills is central to this process, the literature suggests that people do not acquire these skills by just participating in skills-development programming. The quality and consistency of relationships with supportive adults and living arrangements are a stronger determinant of whether or not a youth develops and uses life skills. Leathers & Testa's (2006) report illustrated that training programs were not enough to support youth as they transitioned to independent living and, while essential, "these programs must be complemented by a foster care system that prepares children for independence by supporting their personal resources and aspirations throughout their time in foster care" (Leathers & Testa, 2006, p. 495). Iglehart (1994) found that length of time in foster care and factors related to placement stability were crucial when considering youth's readiness for independence, and that "those adolescents least ready for independent living appear to be those who

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experience the most placement disruption and suffer from behavioural and emotional problems" (Iglehart 1994, p. 160). The same study also found that placement location needs to be considered, the family-type environment often created in family foster homes were associated with more positive outcomes than residential or group homes, as they "may offer more individual attention, emotional support, and opportunities for learning life skills" (ibid.).

Whether it is CAS workers, foster parents, or family members, a key element in the fostering of more positive outcomes for youth leaving care is the development of long-term supportive relationships with adults. Lemon, Hines & Merdinger (2005), for example, recommend

> (1) the establishment of a strong and supportive connection between one worker and the youth that goes beyond a focus on the acquisition of independent living skills, (2) collaborations with foster/group home/kincare parents.... Results suggesting close connections between ILP [American equivalent of ECM] participants and their caseworkers and counselors also mirrors previous research on the importance of nonparental adults who provide support and guidance for 'at-risk' youth and suggests that ILPs may be a useful mechanism through which to form these connections (Lemon et al., 2005, p. 268).

These relationships, need to "occur over time", as previously stated (Leathers & Testa, 2006), and so cannot just be created as a part of ECM policy. It is long-term and dependable relations that are related to positive outcomes. Youth could have long-term and meaningful relationships with foster parents and CAS workers, and yet it appears that this is currently discouraged in the child welfare system.

> Caretaker perception of the youth's asking for help after leaving foster care was seen as negative.... If the youth has developed a supportive relationship with the caretaker, it seems plausible that she or he would consider the caretaker as part of his or her support network. Yet, it appears that, in the caretaker's opinion, responsibility means not asking him or her for help. This seems puzzling and contradictory. On one hand, the caretaker can be a strong influence in the adolescent's life. On the other hand, after foster care, the caretaker seems to expect the youth not to seek out his/her assistance. This finding may say more about the caretaker than it does about the adolescent. Clearly, the caretaker's role in the youth's transition to adulthood needs to be clarified to all individuals, the caretaker, the youth, and the agency. Perhaps any contact with the youth after emancipation is inadvertently discouraged as it may represent a continuing dependency on the part of the adolescent (Iglehart, 1994, p.167-168).

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In our desire to emancipate youth from state care, we undermine the critical relationships that are the key to successful outcomes. We as a society not only expect but encourage our own children to seek out our support and advice. We ensure that there is a safety net available in the event that the youth meets challenges that need parental support or intervention. We allow for transitions in and out of our parental care as part of the maturational process for our children. Youth in state care require identical opportunities. They are our sons and daughters.

Youth have a more positive transition out of care if they have a stronger support system through connection with their family, school and community (Reid & Dudding, 2006; OACAS, 2006; Schibler, 2006). Social inclusion is critical to a sense of belonging and identity. With supportive relationships in their lives, youth leaving care are more likely to be confident, self-reliant, and in possession of a "healthy sense of self identity" (Gough & Perlman, 2006, p. 1). It is clearly in the best interest of the child to be provided with living arrangements that allow for the creation and sustenance of these supportive relationships. This necessary component to preparation for independence needs to begin the day the child enters care.

While the complexities that accompany securing long-term placements should be acknowledged, and addressed, they should not be used as a justification for maintaining the status quo. Many children and youth live in a number of different settings while in the care of child welfare agencies, which can have significant and detrimental effects on their capacity to develop loving relationships based on trust and security with adults (Gough & Perlman, 2006). As indicated earlier, it has been demonstrated that, with each failed placement, the child can suffer further feelings of rejection, a reinforcement of distrust, and incremental erosion of their adaptive and coping abilities. Incrementally forged attachment difficulties also make it increasingly difficult for children and youth to have subsequent successful placements, because it becomes "extremely difficult for caregivers to bond to them" (Steinhauer, Osmond, Palmer, McMillan & Perlman, 2002, p. 162). Creating the possibility for secure, dependable, and sustainable relationships is clearly in the best interest of all children and contributes to successful transitions to adulthood.

Whose Responsibility Are These Kids, Anyway?

Throughout this review, a constant debate ensued about responsibility. Questions arose such as: if the child is in foster care, what right do foster parents have to therapeutic and historical information to that child? If a child is in an outside paid resource whose responsibility is it to ensure the quality of care provided to that child, the care provider, the guardian (CAS) or the government who licenses these providers? Who insures that front line care workers are qualified, paid and trained adequately to manage these children, the funder or the agency that employs them? These queries interrupted the ability of care providers to fulfill their responsibilities to their full capacity. This influenced the quality of care of many young people.

Although young people were not part of this debate, they felt impacted by it. They largely held their worker responsible for their care and well being and viewed them as their primary source of support. Youth in all care settings depended on their relationship with their worker. Workers are very influential in the lives of youth in care and youth ascribed a very powerful role to them. They were viewed as influential in moulding their relationships with significant others such as foster parents, care providers, family, teachers and others. They were viewed as determining their placement options. Disruptions in the relationship with workers contributed to a growing ambivalence towards adults (Finlay, 2003). This ambivalence or mistrust generated in their primary relationships with parents as described earlier was reinforced by the continuation of severed relationships with caregivers. The findings of this review emphasized the need for workers to be more vigilant with children and youth placed in outside paid care such as foster homes or group care. The workers need to understand the types of behaviour management practices that are in place and their level of intrusiveness. In circumstances of inappropriate or harsh treatment, workers need to actively intervene on behalf of the young person to ensure safety and ameliorate the young persons' distress or fears. The use of police as a social service response needs immediate review to ensure that youth are not exposed to inappropriate contact with law enforcement officials. Workers need to know and understand the children and youth in their care who depend on them to ensure that they are not exposed to any form of bullying in the residence or at school. Youth who run away need special attention to determine the "push" and "pull" factors that influenced the risk taking behaviour and the strategies that need to be in place to alleviate those factors. Children and youth depend on their worker to be honest with them about placement changes and to engage them in all decisions that are being made about their care. These activities serve to build trusting relationships and offer a sense of security. For all these reasons, all visits need to be in private with the young person. Young people were clear that they would not initiate conversations with workers about their fears or what wasn't working for them. They relied on the worker to probe and ask the necessary questions.

As indicated throughout this report, standards to ensure the quality of care in residential services throughout Ontario do not exist. There is an inconsistency in mechanisms and processes for holding service providers accountable for the residential care provided in this province. There is no clear reporting practice to the designated ministry. Furthermore, the quality of service provision is affected by the lack of staff training and underpaid front line staff. The licensing requirements do not focus on quality of care criteria. Following the release of the Auditor General's report, the government introduced new regulations to strengthen the licensing requirements for foster and group care and the requirement that child welfare agencies complete an assessment of the placement resource. However, this does not address the need for a comprehensive set of standards for residential care. Jurisdictional wrangling about ultimate responsibility for the quality of residential care places the children and youth in those environments at risk of poor, neglectful or abusive treatment.

Services to children in care cross ministry boundaries such that a young person in a residential setting could be receiving services from a myriad of service sectors, ministries and service providers. For example, a child with complex needs could receive child welfare, children's mental health, medical, education and community services and supports from four different ministries and many different service providers. Typically the provision of service is fragmented with no single ministry taking ultimate responsibility for the child's care plan. This places tremendous stress on the care provider and the child as they attempt to negotiate the needed services.

Child welfare agencies often run the risk of becoming overly bureaucratized in response to accountability structures that are imposed. They become risk adverse, reactive and service centric to preserve the diminishing resources and respond to increasing demands. The possibility of a child centred culture is diminished.

Society has accepted the "parental rights and responsibilities" for children and youth in child welfare care through the designation of the *Child and Family Services Act*. This is a covenant with legally binding duties and responsibilities to the child. We as a society however, also have a moral duty and responsibility to children in state care, a moral covenant. We have a special responsibility to these children as they were exposed by adults to histories of trauma and tragedy that mark their development. We have an obligation to reverse that developmental trajectory through support, healing opportunities and safe homes that replicate nurturing "family-like' environments.

We as a society have designated the government as our representatives to care for these children. The government has designated child welfare agencies to act as their representative to care for these children. The question that needs to be the focal point at all times for a child in the care of the state is:" What would a responsible, prudent parent do?"

This question must inform those in government, and local Children's Aid Societies who are required to support and provide for children and youth in care. As a responsible parent we must learn to love our children. This may seem a simple truism but "love" is a concept seldom used in the parenting of children and youth in care. In Canada, to acknowledge that we should love the children and youth we serve is considered unprofessional. Yet, both foster parents and children alike spoke of the ability and the desire of the foster parent to "love" the child in their care like their own child. As a responsible, prudent parent we must expect our children to succeed in life, to reach their full potential, to find happiness. This hopefulness will colour the way in which we parent. As a responsible, prudent parent we must understand that the support we give our children is an investment not an expense. As a responsible, prudent parent we must provide unconditional support. This does not mean that we must support everything our children and youth decide to do but that we will "be there" to support our children and youth when they waiver and are seeking our guidance or support. As a society we have a responsibility to be prudent parents to our sons and daughters in state care.

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Voice

This review offered young people the opportunity to voice their opinion about their lived experience in care. It was with the hope that their voice would influence decisions at all levels of community and government service.

Children and youth clearly articulated their preferred form of care and with impassioned pleas, justified the reasons for their choice. Their language is different but the impact of their words is powerful. What they described as their experience, their needs, their interests and their wishes echoes empirical evidence found in current literature. It resonates with workers, care providers, managers of service and child advocates across relevant fields of service. We are obliged now to listen to their words. It is their right to be heard. If their words however, do not translate into meaningful action, we have reinforced their limited capacity as citizens. We have retreated to accepting children in care as vulnerable and emphasized their incapacity, weakness, powerlessness and a lack of status. This accents and perpetuates their level of risk. To conclude, in the words of Senator Landon Pearson (1999)

> "In our interconnected world, we have to be more than just directors or observers of childhood, we have to be partners with children in their struggles, talking with them and listening to them. They are the experts of their lived experience. Together with children we can act to effect change."

CONCLUDING REMARKS

Important conclusions can be drawn from the review of the quality of care offered to young people in the care of three child welfare agencies in Ontario. Two hundred and seventy-eight (278) young people spoke about their "lived experience" to Advocacy Officers who met with them at the residential settings in which they lived. The responses of the young people echoed current research and the experience and observations of the OCFSA.

Children coming into care present with an increasing complexity of needs. They often have neuro-developmental disorders, medical complexity, and cognitive impairments. It has been acknowledged that deprivation and chaotic family lifestyles contribute to a host of neuro-psychiatric problems that culminate in more extreme behaviours on the part of the child. For these reasons, it is not surprising that it is repeatedly reported that young people in care have higher rates of mental health concerns than community children. If early, decisive intervention that addresses the roots of behavioural difficulties does not occur, this complexity of needs will generate a series of multiple placements and perpetuate the stigmatization and alienation of the child as a "troubled kid from care".

The social construction of the child in care reflects a historical perspective of a vulnerable, powerless child who has no status other than that which has been ascribed to him or her by the care system, and who is in need of adult protection. It is troubling to hear young people describe themselves as "citizens of care". The UN Convention on the Rights of the Child challenges this perspective. Rights offer children capacity, will, power and status. Furthermore young people are beginning to embrace their right to be heard about their experiences in care and about decisions that are being made about them. This report reverberates the words of young people as they articulate their needs, interests, concerns, fears, hopes and desires.

Society has a special responsibility to these young people because the state is their parent. Society has undertaken to abide by a legally binding covenant with regard to the "parental rights and responsibilities" for children and youth in child welfare care. Of equivalent importance is society's moral obligation. Young people in care were exposed by adults to histories of trauma, chaos and abuse that mark their development. Society has a responsibility to ameliorate that developmental trajectory through support, healing opportunities and safe, nurturing homes. As a society, we have a responsibility to act like prudent parents for our sons and daughters in state care.

The most compelling conclusion in this review is the importance of "family-like" environments in creating positive outcomes for young people in care. The desire for home like environments was evident in the words of both the young people and the foster parents alike. The OCFSA was moved by the many stories recounted by young people of how they felt they were loved by their caregivers, how their wishes were

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respected, how they were given a variety of opportunities to grow and develop to their full potential, and how they felt a sense of attachment and belonging. How they felt like "sons and daughters". Family-like environments were achieved in both foster and group care but more frequently described in foster care. Foster parents need to be commended for their dedication and their unconditional support of these young people and for embracing them as they would their own.

Every care provider has the capacity to create a "family-like" environment. A wealth of knowledge and experience exists throughout the province and care models emulating these qualities are available for replication. Leadership and policy direction is required on the part of government to advance this preferred model of care. This entails the provision of residential settings that replicate "homes" in structure, milieu and culture with parent therapists, extended families, community supports and numbers of children and youth in the care of these settings that do not exceed four. To elevate the status of "family-like" models of care, consideration needs to be given to the additional resources and supports delineated by the Foster Parent Association. These are in keeping with the requests of any prudent parent. A campaign, founded on the same values and principles that we apply to the development and wellbeing of our own sons and daughters, needs to be directed to recruit and retain foster parents.

Outside paid resources were more frequently described by young people and witnessed by Advocacy Officers as institutional in their philosophy and practice than regular or treatment foster care. Group care was the model of care that was most frequently described as exemplifying an institutional environment. Group care was in many situations likened to custody with a lack of meaningful activity, intolerant or disrespectful staff-youth relationships, rigidity of rules, and the over use of intrusive measures such as physical restraints, locked rooms, the removal of possessions, possession and body searches. The language of the institutional culture and the staff modeled approaches to problem solving and conflict resolution conditioned young people to behave in ways that replicated the culture. The frequency of peer violence and bullying was more prevalent and not surprisingly, youth ran away from this type of care more frequently. The overuse of the police as a behaviour management strategy further represented elements of custody to young people.

Typically staff in group care are young, poorly paid with limited training and insufficient supervision. They often lack the professional qualifications, experience and the judgement required to assume the task of managing the range of behaviours and circumstances in group care. They frequently do not have the skills to know and understand the young people in their charge. They will resort to intrusive strategies to exert control over the environment if they lack confidence in their ability to manage behaviours.

Adolescents represent the largest proportion of children and youth in state care. The findings of this review reveal that adolescents are more likely to be placed in outside paid resources and group care. The review has underscored the youth respondent's

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desire to live in a family-like environment into their adolescence. Research evidence supports this contention. The placing of adolescents in institutional environments is unacceptable given the current evidence about the unique developmental needs of adolescents.

Institutional models of group care appear to attract young people with a greater complexity of needs. It is the model however, with a more limited clinical capacity and fewer evidence based outcomes. Treatment foster care is being recommended as the model of care for the range of age groups and the continuum of needs of young people in child welfare care. It addresses the preference voiced by young persons to live in a family-like environment; normalizes out of home care and in so doing reduces the stigma attached to group care options; provides therapeutic supports for youth with histories of trauma and attachment disruptions; provides the requisite supports to foster parents and is cost effective.

Youth often leave the child welfare system not yet ready and indeed fearful of living their lives independently. Outcomes for youth leaving care in the Canadian child welfare system are dismal and disturbing. Youth who have left care are less likely to finish high school or high school equivalency, and more likely to: self-harm, consider suicide, experience depression, parent at a younger age, receive social assistance, experience homelessness, be gang-involved, experience sexual exploitation, have mental health problems, struggle with substance abuse, experience unemployment or underemployment, and be incarcerated or have some involvement with the criminal justice system. Youth leaving care lack the knowledge and know-how of practical everyday life skills such as grocery shopping, meal planning, budgeting, searching for and finding safe housing, decision-making and self advocacy. It is patently clear that we as a society are not affording youth who are involved with child welfare agencies the same support and possibilities that are commonly available to their peers as they transition to adulthood.

Currently, there is no comprehensive policy in place regarding Crown Wards aging out of care, and the utter lack of funding earmarked for this purpose suggests that this is not a priority for the government. The predictable long-term consequences for tax payers are increased spending in areas such as welfare, criminal justice, health and mental health. There are pockets of exceptional practice throughout the province that demonstrate particular Societies deep concern for these youth and their desire to ameliorate these circumstances. However, it is up to the discretion of a particular agency, the management of the agency, and the youth's worker as to whether a youth receives these services. This creates inequity in the provision of service that is desperately required by all young people leaving care.

It is long-term and dependable relations that are related to positive outcomes. Youth could have long-term and meaningful relationships with foster parents and CAS workers, and yet it appears this is currently discouraged in the child welfare system. Youth have a more positive transition out of care if they have a stronger support system through connection with their family, school and community. Social inclusion is critical to

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a sense of belonging and identity. Creating the possibility for secure, dependable, and sustainable relationships is clearly in the best interest of all children and contributes to successful transitions to adulthood. Immediate remedies need to be offered to young people preparing for independence that are sustainable and offer the best possible trajectory to adulthood, equivalent to community youth.

Young people largely held their worker responsible for their care and well being and viewed them as their primary source of support. Youth in all care settings depend on their relationship with their worker. Workers are very influential in the lives of youth in care and youth ascribed a very powerful role to them. They were viewed as influential in moulding their relationships with significant others such as foster parents, care providers, family, teachers and others. They were viewed as determining their placement options. The findings of this review emphasized the need for workers to be more vigilant with children and youth placed in outside paid care such as foster homes or group care, particularly those at a distance from family and agency supports. These are indeed the young people that are the most vulnerable and need sustained connectedness to their social workers. Workers need to know and understand the children and youth in their care who depend on them to ensure that they are not exposed to inappropriate circumstances or harsh treatment. Workers should not rely on young people to disclose these circumstances. It is their responsibility to routinely ask the right questions, at the right time, in a safe place.

As indicated throughout this report, standards to ensure the quality of care in residential services throughout Ontario do not exist. There is an inconsistency in mechanisms and processes for holding service providers accountable for the residential care provided in this province. There is no clear reporting practice to the designated ministry. Furthermore, the quality of service provision is affected by the lack of staff training and under paid front line staff. The licensing requirements do not focus on quality of care criteria. Jurisdictional wrangling between child welfare agencies, service providers and the provincial government about who is ultimately responsible for the quality of residential care places the children and youth in those environments at risk of poor, neglectful or abusive treatment. The introduction of a regulatory body to develop and enforce standards of care for residential settings is required immediately.

Finally, provincially appointed Child and Youth Advocates have been deeply concerned about the state of child welfare throughout the country for many years. The provision of child welfare services in Ontario differs from other provinces substantively, but the concerns about the best interests and wellbeing of children in state care resonate throughout Canada. Hopefully, this review in Ontario will provoke a broader response and encourage a substantive look at the quality of care for young people in state care, nationally. After all, regardless of geography or jurisdiction, these are our sons and daughters.

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RECOMMENDATIONS

1. That there be a public inquiry into the standards and quality of care afforded children in state care across Canada. The purpose of this inquiry is to solicit documented evidence of good practice that leads to good outcomes for children in or from care that are consistent with Canada's obligation to the UN Convention on the Rights of the Child; to ensure uniformity in the standards and regulations of child welfare practices nationally; and to reduce inappropriate or harsh treatment, abusive practices and deaths of children in government care.

2. That the government, civil society and care providers recognize and fulfill their special responsibility as prudent parents to children in state care and embrace these children as their sons and daughters.

3. That the government of Ontario interrupt the jurisdictional wrangling among child welfare agencies, residential service providers, and government officials with regards to the locus of responsibility for the care and wellbeing of children in residential care.

4. That the government of Ontario establish a regulatory body to develop and enforce standards of care for all residential settings that serve children and youth, with special attention to quality assurance.

5. That the government of Ontario and residential service providers adopt and promote 'family-like' environments as the preferred model of care. This requires residential settings that replicate "homes" in structure, milieu and culture with parent therapists, extended families, community supports and numbers of children and youth in the care of these settings that does not exceed four.

6. That the government of Ontario consider the additional resources and supports delineated by the Foster Parent Association of Ontario that are required to recruit and retain foster parents.

7. That in order to address the complexity of needs of many young people in child welfare care and to maintain a family-like environment, the government of Ontario in partnership with child welfare agencies, establish Treatment Foster Care as the preferred model of practice across all age groups.

8. That the government of Ontario and child welfare agencies interrupt the trajectory into institutional environments of adolescents and offer residential programs and services that are consistent with the current knowledge and understanding of the unique developmental needs of adolescence.

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9. That the government of Ontario in partnership with the Ontario Association of Children's Aid Societies mount a provincial campaign to recruit foster parents as "parent therapists" who have unique opportunities to influence the development and well being of children.

10. That the government of Ontario and child welfare agencies create the capacity for lasting nurturing foster placements that promote healthy relationships that are critical to positive outcomes in the lives of young people.

11. That child welfare agencies ensure that social workers are more vigilant and provide a higher frequency of contact with children and youth placed in outside paid resources such as foster or group care, particularly those at a distance from family or agency supports.

12. That child welfare agencies ensure that social workers closely monitor the use of all behaviour management strategies in residential settings which includes physical restraints, locked rooms, the removal of possessions, and personal and room searches.

13. That child welfare agencies ensure that social workers intervene actively in circumstances of inappropriate or harsh treatment on behalf of young people to ensure their safety and to alleviate the young person's distress or fears.

14. That the qualifications, training, supervision and payment of staff in outside paid group care be reviewed with the goal of achieving parity with equivalent front line care providers. This will enhance the recruitment and retention of qualified and skilled care providers to manage children with challenging needs.

15. That licensing authorities and child welfare agencies assess the level of institutional ideology and culture in a residential setting prior to the placement of any young person. This includes: the availability of meaningful programming, respectful staff/youth relationships, and the use of natural consequences, rigidity of rules, the use of intrusive measures, the level and the frequency of peer aggression, and the inappropriate use of police services.

16. That the government of Ontario, child welfare agencies, and residential service providers develop policy and practice guidelines which limit the use of police services for the purposes of behaviour management.

17. That caregivers and staff be appropriately trained and supervised to determine the risk factors for youth who run away; educate youth about alternatives to running away; provide strategies for empowering youth and offer de-escalation techniques to ensure safety.

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18. That opportunities be offered by staff, caregivers and workers, for youth to discuss their running experiences in order to enhance understanding and prevention. This needs to occur in a non-punitive manner that includes debriefing with the youth or an appropriate form of counselling upon youth's return. Staff should be trained to encourage therapeutic relationships, active listening, conflict resolution skills, safe behaviour management practices, and youth engagement.

19. That child welfare agencies acknowledge the powerful role ascribed to social workers by children/youth in care and in doing so, ensure that workers take all the necessary steps to know and understand them. This requires routinely asking the right questions, at the right time in a safe place.

20. That the Ministry of Children and Youth Services together with other Ministries develop a long term, comprehensive strategy to ensure that youth leaving care do so with the practical **resources**, the **connections**, and the **voice** that they require to create their own destiny. This will require individual transition plans that attend to the young person's unique needs, level of maturity, and capacity to live independently.

21. That the government of Ontario set standards for the life prospects of the youth who transition from care. This includes completion of their secondary school education, safe affordable housing, the establishment of one positive relationship in their life and financial support that is well above the poverty line and that these standards become a regulatory requirement. The government of Ontario and child welfare agencies should be required to evaluate compliance to these standards annually.

22. That planning for independence begins the moment the child enters care, with a goal of encouraging self sufficiency. Every intervention, whether in a placement or by a case manager, should build hard skills (life skills) and soft skills (relationship building).

23. That a Centre For Excellence For Youth In Care be established by the Ministry of Children and Youth Services as an incubator for new and unique models of service and a vehicle through which best practices from across the province, can be shared and replicated.

24. Local child welfare agencies must support and encourage long-term and positive relationships with foster parents and CAS workers once a youth is living on their own or has left care. Availability of the relationship is as important as frequency of contact. Local child welfare agencies must create policies, practices and procedures that honour and support these positive relationships which will contribute to youth having a successful transition into adulthood.

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25. That the government of Ontario and children's aid societies offer young people routine opportunities to voice their opinions as experts of their 'lived experience' in care.

26. That the government of Ontario and children's aid societies translate the voice and experience of young people into meaningful action that resonates across all levels of decision making, policy and practice.

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Appendix 1

Types of Placement for Children's Residential Care

Type of Placement	Definition [1]
Kinship Care [2]	The provision of foster care in the home of a relative or someone who has some attachment to the child who receives compensation for caring for the child but is not the child's parent
Regular Foster Care	The provision of residential care to not more than 4 children, by and in the home of a person who receives compensation for caring for the child but is not the child's parent
Parent Model Foster Care	The provision of foster care, for not more than 4 children, in a foster home by not more than two adults on a continuous basis who receive compensation for caring for the child but is not the child's parent
Specialized Foster Care	The provision of foster care, for not more than 4 children, in a foster home with specialized funding to support residents with physical, emotional, developmental and educations needs
Treatment / Therapeutic Foster Care [3]	Foster care that provides individualized and intensive treatment for children and adolescents who would otherwise be placed in institutional settings (in a clinically effective and cost effective way).
Parent Model Residence -Group Home	A building, group of buildings or part of a building where not more than two adult persons live and provide care on a continuous basis where 5 or more children not of common parentage reside
Staff Model Residence – Group Home	A building, group of buildings or part of a building where adult persons are employed to provide care for three or more children not of common parentage, on the basis of scheduled periods of duty
Outside Paid Residence (OPR)	Private children's residences with less than 10 children that are licensed by the Ministry as to what services they will provide and what the per dime rate for these services will be

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[1] All definitions, except otherwise indicated, have been taken from the *Child and Family Services Act.*
[2] Thunder Bay Child Welfare Review Report, June (2007)
[3] Foster Family-based Treatment Association (2004), A Leader in Treatment Foster Care, www.ffta.org

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Type of Placement	Definition [5]
Outside Paid Institution (OPI) [4]	Private children's residences with the capacity to provide residential services to 10 or more children that are licensed by the Ministry as to what services they will provide and what the per dime rate for these services will be
Place of Safety	A foster home, a hospital, and a place or one of a class of places designates as such by a Director under the *CFSA* but does not include a place of secure custody or a place of secure detention
Treatment Centre	A residential facility that operates treatment programs approved by the Ministry for the treatment of children with mental disorders
Secure Treatment	A facility that operates secure treatment programs approved by the Ministry for the treatment of children with mental disorders, who are ordered by the court and where continuous restrictions are imposed on the liberty of the children
Open Detention Facility	A place or facility designated for the temporary detention under the YCJA
Open Custody Facility	A place or facility designated for the open custody under the YCJA
Secure Detention Facility	A place or facility designated for the secure containment or restraint of young persons under the YCJA
Secure Custody Facility	A place or facility designated for the temporary detention and containment or restraint of young persons under the YCJA

[4] Annual Report of the Office of the Auditor General of Ontario (2006), Chapter 3, section 3.02
[5] All definitions, except otherwise indicated, have been taken from the *Child and Family Services Act*.

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